

City of Redmond



Agenda

Business Meeting

Tuesday, April 7, 2026

7:00 PM

City Hall: 15670 NE 85th St; Remote: Comcast Ch. 21/321, Ziplly Ch. 34,
Facebook (@CityofRedmond), Redmond.gov/rctvlive, or 510-335-7371

City Council

Mayor

Angela Birney

Councilmembers

Melissa Stuart, President

Angie Nuevacamina, Vice President

Jessica Forsythe

Vanessa Kritzer

Sayna Parsi

Vivek Prakriya

Menka Soni

REDMOND CITY COUNCIL AGENDA SECTION TITLE REFERENCE GUIDE

Items From The Audience provides an opportunity for community members to address the Council regarding any issue. Speakers must sign their intention to speak on a sheet located at the entrance of the Council Chamber, and limit comments to **three minutes**.

The **Consent Agenda** consists of routine items for which a staff recommendation has been prepared, and which do not require further Council discussion. A council member may ask questions about an item before the vote is taken, or request that an item be removed from the Consent Agenda and placed on the regular agenda for more detailed discussion. A single vote is taken to approve all items remaining on the Consent Agenda.

Public Hearings are held to receive public comment on important issues and/or issues requiring a public hearing by state statute. Community members wishing to comment will follow the same procedure as for 'Items from the Audience', and may speak after being recognized by the Mayor. After all persons have spoken, the hearing is closed to public comment. The Council then proceeds with its deliberation and decision making.

Staff Reports are presented to the Council by city staff on issues of interest to the Council which do not require Council action.

The **Ombudsperson Report** is made by the Councilmember who is serving as ombudsperson. The ombudsperson designation rotates among Council members on a monthly basis. She/he is charged with assisting community members in resolving issues with city services. The current ombudsperson is listed on the City Council webpage at www.redmond.gov/189/city-council.

The **Council Committees** are created to advise the Council as a whole. They consider, review, and make recommendations to the Council on policy matters in their work programs, as well as issues referred to them by the Council.

Unfinished Business consists of business or subjects returning to the Council for additional discussion or resolution.

New Business consists of subjects which have not previously been considered by Council and which may require discussion and action.

Ordinances are legislative acts or local laws. They are the most permanent and binding form of Council action and may be changed or repealed only by a subsequent ordinance. Ordinances normally become effective five days after they are published in the City's official newspaper.

Resolutions are adopted to express Council policy or to direct certain types of administrative action. A resolution may be changed by adoption of a subsequent resolution.

Quasi-Judicial proceedings are either closed record hearings (each side receiving ten minutes maximum to speak) or public hearings (each speaker allotted three minutes each to speak). Proceedings are those in which the City Council determines the rights or privileges of specific parties (Council Rules of Procedure, Section IV., J).

Executive Sessions - all regular and special meetings of the City Council are open to the public except for executive sessions at which subjects such as national security, property acquisition, contract bid negotiations, personnel issues and litigation are discussed.

Redmond City Council Agendas, Meeting Videos, and Minutes are available on the City's Web Site:

<https://redmond.legistar.com/>

FOR ASSISTANCE AT COUNCIL MEETINGS FOR THE HEARING OR VISUALLY IMPAIRED:

Please contact the City Clerk's office at (425) 556-2194 one week in advance of the meeting.

Meetings can be attended in person, viewed live on RCTV (redmond.gov/rctlive), Comcast Channel 21/321, Ziply Channel 34, Facebook/YouTube (@CityofRedmond), or listen live at 510-335-7371

AGENDA

ROLL CALL

I. SPECIAL ORDERS OF THE DAY

- A. PROCLAMATION: National Poetry Month**

[Proclamation](#)

- B. PRESENTATION: MoveRedmond**

II. ITEMS FROM THE AUDIENCE

Members of the public may address the City Council for a maximum of three minutes per person. Please use the speaker sign-up sheet located at the entry of the City Hall Council Chambers available from 6:30 - 7 p.m. on the day of the meeting.

In the event of difficulty attending a meeting in person, please contact the City Clerk (cityclerk@redmond.gov) by 2 p.m. on the day of the meeting to provide written public comment (400-word limit - please label your comment as "Items from the Audience") or for the remote comment registration form.

III. CONSENT AGENDA

A. Consent Agenda

- 1. Approval of the Minutes: March 17, 2026, Regular Meeting and March 19 and 24, 2026, Special Meetings (recording for the regular meeting is available at Redmond.gov/rctv)**

[Regular Meeting Minutes for March 17, 2026](#)

[Special Meeting Minutes for March 19, 2026](#)

[Special Meeting Minutes for March 24, 2026](#)

- 2. Approval of Payroll/Direct Deposit and Claims Checks**

[Payroll Check Approval Register, March 15, 2026](#)

[Council Payroll Check Approval Register, March 31, 2026](#)

[Check Approval Register, April 7, 2026](#)

- 3. [AM No. 26-052](#) Confirmation of Appointment of the New Parks, Trails, and Recreation Commission Members
Department: Executive

Legislative History

3/24/26 City Council referred to the City Council

- 4. [AM No. 26-053](#) Authorization to Accept Grant Funding from the Washington Association of Sheriffs and Police Chiefs
Department: Police

[Attachment A: Washington Association of Sheriffs and Police Chiefs Grant Award Letter](#)

Legislative History

3/17/26 Committee of the Whole - Public Safety and Human Services referred to the City Council

- 5. [AM No. 26-054](#) Approval of Washington State Opioid Settlement with Remnant Defendants
Department: Executive

[Attachment A: Remnant Defendants Participation Form](#)
[Attachment B: One Washington Memorandum of Understanding](#)
[Attachment C: List of Opioid Remediation Uses](#)

B. Items Removed from the Consent Agenda

IV. HEARINGS AND REPORTS

A. Public Hearings

B. Reports

1. Staff Reports

- a. [AM No. 26-055](#) 2026 Transportation Demand Management Overview
Department: Planning and Community Development

[Attachment A: Transportation Demand Management Resources & Programs](#)
[Attachment B: Presentation](#)

Legislative History

3/17/26

Committee of the Whole -
Public Safety and Human
Services

referred to the City Council

2. Ombudsperson Report

March: Councilmember Stuart

April: Councilmember Kritzer

3. Committee Reports

V. UNFINISHED BUSINESS

VI. NEW BUSINESS

VII. EXECUTIVE SESSION

- A. To Consider the Selection of a Site or the Acquisition of Real Estate by Lease or Purchase [RCW 42.30.110(1)(b)] - 20 minutes

VIII. ADJOURNMENT

Meeting videos are usually posted by 12 p.m. the day following the meeting at redmond.legistar.com, and can be viewed anytime on Facebook/YouTube (@CityofRedmond) and OnDemand at redmond.gov/OnDemand



City of Redmond

15670 NE 85th Street
Redmond, WA

Memorandum

Date: 4/7/2026
Meeting of: City Council
Day

File No. SPC 26-013
Type: Special Orders of the

PROCLAMATION: National Poetry Month

PROCLAMATION

WHEREAS, National Poetry Month seeks to highlight the legacy and ongoing achievement of American poets; introduce Americans to the benefits of reading poetry; bring poetry to the public in innovative ways; make poetry an important part of our children's education; and

WHEREAS, poetry has produced some of the nation's leading creative artists and has inspired other artists in fields, such as music, theatre, film, dance, and the visual arts; and

WHEREAS, poetry, as an essential part of the arts and humanities, affects every aspect of America life, including education, the economy, and community pride and development; and

WHEREAS, Redmond invests in poets and literary organizations through grants, partnerships, and commissions; and

WHEREAS, the City of Redmond strives to make poetry accessible to everyone by providing unique art and cultural experiences that build a high quality of life in the community through the City's Poet Laureate Program; and

WHEREAS, the Redmond Poet Laureate program produces a variety of opportunities for residents and visitors to build a more literate and understanding community through poetry.

NOW, THEREFORE, I, ANGELA BIRNEY, Mayor of the City of Redmond, Washington, do hereby proclaim April 2026, as

POETRY MONTH

and encourage residents to participate in city, nonprofit organizations, and private venue literary arts programs and to follow the City of Redmond Parks and Recreation social media pages for poems and poetic activities during the month of April.



Angela Birney, Mayor
April 2026



City of Redmond

15670 NE 85th Street
Redmond, WA

Memorandum

Date: 4/7/2026
Meeting of: City Council
Day

File No. SPC 26-014
Type: Special Orders of the

PRESENTATION: MoveRedmond



City of Redmond

15670 NE 85th Street
Redmond, WA

Memorandum

Date: 4/7/2026
Meeting of: City Council

File No. SPC 26-029
Type: Minutes

Approval of the Minutes: March 17, 2026, Regular Meeting and March 19 and 24, 2026, Special Meetings
(recording for the regular meeting is available at Redmond.gov/rctv)

CALL TO ORDER

A Regular Meeting of the Redmond City Council was called to order by Mayor Birney at 7 p.m. The meeting was held in the Redmond City Hall Council Chambers.

ROLL CALL AND ESTABLISHMENT OF A QUORUM

Present: Councilmembers Forsythe, Kritzer, Nuevacamina, Parsi, Prakriya, Soni and Stuart

Absent: None

SPECIAL ORDERS OF THE DAY: NONE

ITEMS FROM THE AUDIENCE

Mayor Birney opened Items from the Audience at this time. The following persons spoke:

- Rajesh Kakula - construction permit and changes in zoning;
- Max Ruhlman - Old Firehouse Teen Center Celebration and the need for cooperation;
- Rosemarie Ives - demolition of the Old Firehouse Teen Center and its replacement;
- Ron Belter - size of a proposed housing development and traffic flow and the need for a cul-de-sac;
- David Morton - PFAS testing is needed at the DTG site for the Evans Creek project; and
- Bob Yoder - HOA board meeting concerns.

CONSENT AGENDA

MOTION: Councilmember Stuart moved to approve the Consent Agenda. The motion was seconded by Councilmember Kritzer.

VOTE: The motion to approve the Consent Agenda passed without objection (7-0).

1. Approval of the Minutes: March 3, 2026, Regular Meeting and February 26, 2026, Special Meeting
2. Approval of Payroll/Direct Deposit and Claims Checks

#189007 through #200729

#199941 through #200729
#1945 through #1949

\$4,963,592.87

#200730 through #200736
#1939 and #1950

\$17,260.25

#189025 through #189035
#200738 through #201527
#1951 through #1955

\$4,807,622.96

#17073 through #17356

\$458,216.64

3. AM No. 26-036: Approval of the Reappointment of Lodging Tax Advisory Committee Members
4. AM No. 26-037: Confirmation of Reappointments of Board and Commission Members
5. AM No. 26-038: Approval of the 8th Amendment to the Council Rules of Procedure
6. AM No. 26-039: Acceptance of a Washington State Department of Ecology Grant Award, in the Amount of \$1,500,000, for the Purchase of an Electric Fire Engine
7. AM No. 26-040: Approval of Final Contract with Active Construction Incorporated, in the Amount of \$1,806,230.82, and Acceptance of Construction for the 10000 Avondale Erosion Control Project
8. AM No. 26-041: Approval of the Final Contract with Rodarte Construction, Inc. of Auburn, WA, in the Amount of \$899,199, and Acceptance of Construction for the Hardscape Project - Grass Lawn Park Parking Lot Project
9. AM No. 26-042: Approval of a Consultant Agreement with OTAK, in the Amount of \$207,958, for the Connection to King County Wastewater System - Avondale Way

10. AM No. 26-043: Approval of a Consultant Agreement with Toole Design for Engineering Services for the 148th Ave Safety Corridor Project in an Amount Not to Exceed \$300,000
11. AM No. 26-044: Approval of UKG Pro Extension, in the Amount of \$225,000, for Additional Launch Support
12. AM No. 26-045: Award of Construction Contract to Equity Builders, LLC., in the Amount of \$2,009,390, and Approval of a Consultant Services Agreement Supplement 1 with BHC Consultants, in the Amount of \$240,000, and Increase the Total Funding for the Wastewater Lift Station Equipment Upgrades Phase 2 Project
13. AM No. 26-046: Adoption of an Ordinance for the 2025-2026 Budget Adjustment #5
 - a. Ordinance No. 3250: An Ordinance of the City Council of the City of Redmond, Washington, Amending Ordinance Nos. 3196, 3215, 3224, 3229, and 3236, by Making Adjustments to the City's 2025-2026 Biennial Budget, in Exhibit 1
14. AM No. 26-047: Adoption of a Capital Project Bond Debt Redemption Resolution
 - a. Resolution No. 1623: A Resolution of the City Council of the City of Redmond, Washington, Calling Certain Outstanding Limited Tax General Obligation Bonds for Redemption Prior to Maturity; and Approving Other Matters Related Thereto
15. AM No. 26-048: Adoption of a Capital Project Bond Reimbursement Resolution
 - a. Resolution No. 1624: A Resolution of the City of Redmond, Washington, Declaring Its Intent that Certain Capital Expenditures to be Made Shall be Reimbursed from the Proceeds of Tax-Exempt Bonds or Other Obligations

Mayor Birney read the ordinance and resolution titles into the record. The new Planning Commission members were sworn in at this time.

ITEMS REMOVED FROM THE CONSENT AGENDA: NONE

HEARINGS AND REPORTS

Public Hearing

1. AM No. 26-049: Approval of the R22 Overlake Consolidated Land Use Application - Quasi-Judicial
 - a. Ordinance No. 3251: An Ordinance of the City of Redmond, Washington, Adopting the Technical Committee's Recommendation to Approve the R22 Master Planned Development, Development Agreement, Phase 1 Site Plan Entitlement, Phase 2 Site Plan Entitlement, and Binding Site Plan (LAND-2025-00049, LAND-2025-00050, LAND-2025-00051, LAND-2025-00052, & LAND-2025-00091), and Establishing an Effective Date
 - b. Resolution No. 1625: A Resolution of the City Council of the City of Redmond, Washington, Approving a Development Agreement for a Site Owned by American Capital Group Located at Parcel No. 0673100010

City Attorney Rebecca Mueller questioned the Councilmembers regarding the Appearance of Fairness doctrine and conflict of interest.

There were no objections to any of the Councilmembers deciding this matter.

Carol Helland, Director of Planning and Community Development, introduced this item, and Alex Hunt, Senior Planner, provided a presentation and responded to Councilmember inquiries.

Mayor Birney opened the public hearing. The following person spoke:

- David Morton - affordable housing and negotiating deeper affordability or a broader income band, need to ensure the replaced trees survive to maturity, maintaining a shared use path; and provide for a stormwater regional facility contaminate assessment.

Mayor Birney closed the public hearing.

Alex Hunt, Senior Planner, responded to Councilmember inquiries regarding: integrating affordable housing; closure of sidewalks during development; and survival standards of replacement trees.

MOTION: Councilmember Nuevacamina moved to approve AM No. 26-049/Ordinance No. 3251/Resolution No. 1625. The motion was seconded by Councilmember Stuart.

Following Councilmember discussion,

VOTE: The motion to approve passed without objection.
(7 - 0)

Staff Report

a. AM No. 26-050: Fourth Quarter 2025 Financial Report

Kelley Cochran, Finance Director, provided a report to the Council.

Ombudsperson Reports:

Councilmember Forsythe reported receiving resident contacts regarding: Redmond Central Connector opening under light rail; importance of Teen Center; Scout meeting; Health Through Housing; trans youth panel; tenant protections; Redlink route; license plate readers; transit service to Redmond ridge; and cameras on 140th school zone.

Councilmember Stuart reported receiving resident contacts regarding: Council Conversations; police technology; AC water main replacement; teen center artifacts and surplus; zoning changes; leaf blower noise; septic to sewer conversion; permit process; automatic license plate reader; Redmond West Little League; Interlake Sporting Association; and ribbon cutting for adult family home.

Councilmember Prakriya reported receiving resident contacts regarding: Redmond Law Day; fostering transit adoption; CAIR Washington; ribbon cutting for adult family home; Redlink; crosslake connection; ALPR technology; and Cub Scouts.

Councilmember Soni reported receiving resident contacts regarding: Light rail crosslake connection; ribbon cutting; State of the City; BAPS; Women's Day celebration; Iftar; teen center; and flock cameras.

Councilmember Kritzer reported receiving resident contacts regarding: automatic license plate readers; transgender support; ADA parking; Comprehensive Plan Docket; Teen Center celebration and equipment; Redlink; Sound Cities Association networking event; and State of the City.

Councilmember Nuevacamina reported receiving resident contacts regarding: State of the City; area median income; Holi; Seattle Government Affairs; Eastside Pathways anniversary; utility rates; and Redlink.

Mayor Birney spoke regarding the State of the City.

Committee Reports:

Councilmember Soni provided committee reports:

- Eastside Transportation Partnership; and
- OneRedmond Foundation.

Councilmember Forsythe provided a committee report:

- Emergency Management Briefing.

Councilmember Nuevacamina provided a committee report:

- Committee of the Whole - Public Safety and Human Services;
- Disability Board; and
- Cascade Water Alliance Board.

Councilmember Stuart provided committee reports:

- Sound Cities Association Deputy Mayors;
- Sound Cities Association Public Issues Committee; and
- Regional Water Quality Committee.

Mayor Birney spoke regarding National League of Cities.

UNFINISHED BUSINESS: NONE

NEW BUSINESS:

A. AM No. 26-051: Adoption of a Welcoming Resolution

1. Resolution No. 1626: Expansion and Implementation of Redmond's Welcoming Resolution, Enhancing Our Commitment to Community and the U.S. Constitution

MOTION: Councilmember Forsythe moved to approve AM 26-051/Resolution No. 1626. The motion was seconded by Councilmember Kritzer.

Following Councilmember discussion;

VOTE: The motion passed without objection. (7 - 0)

EXECUTIVE SESSION: NONE

ADJOURNMENT

There being no further business to come before the Council the regular meeting adjourned at 8:45 p.m.

ANGELA BIRNEY, MAYOR

CITY CLERK

Minutes Approved: March 17, 2026

CALL TO ORDER

A Special Meeting of the Redmond City Council was held on March 19, 2026, commencing at 7 p.m. The meeting was held at Redmond Middle School: 10055 166th Ave NE, Redmond, WA 98052.

ROLL CALL AND ESTABLISHMENT OF A QUORUM

Present: Councilmembers Forsythe, Kritzer, Nuevacamina, Parsi, Prakriya, Soni and Stuart

Absent: None

COUNCIL CONVERSATIONS

Councilmembers met with Lake Washington School District Board members and community members for a town hall style meeting to discuss topics of interest.

ADJOURNMENT

The Special Meeting adjourned at 9 p.m.

ANGELA BIRNEY, MAYOR

CITY CLERK

Minutes Approved: April 7, 2026

CALL TO ORDER

A Special Meeting of the Redmond City Council was called to order by Mayor Angela Birney at 6:40 p.m. The meeting was held in the Redmond City Hall Council Chambers.

ROLL CALL AND ESTABLISHMENT OF A QUORUM

Present: Councilmembers Forsythe, Kritzer, Nuevacamina, Parsi, Prakriya, Soni and Stuart

Absent: None

CANDIDATE INTERVIEWS - PARKS, TRAILS AND RECREATION COMMISSION

Lindsey Falkenburg, Parks Planning Manager, introduced the Parks, Trails, and Recreation Commission candidates: Eugenio Vidales, Jose Gonzalez and Sidney Yoon.

Discussion ensued regarding: success in this role after two years; skills and experience; innovation; inclusive playground; and passion.

ADJOURNMENT

There being no further business to come before the Council the special meeting adjourned at 6:59 p.m.

ANGELA BIRNEY, MAYOR

CITY CLERK

Minutes Approved: April 7, 2026



City of Redmond

15670 NE 85th Street
Redmond, WA

Memorandum

Date: 4/7/2026
Meeting of: City Council

File No. SPC 26-030
Type: Check Register

Approval of Payroll/Direct Deposit and Claims Checks

City of Redmond
Payroll Check Approval Register
Pay period: 3/1 - 3/15/2026
Check Date: 03/25/2026

City of Redmond
Payroll Final Check List
Pay period: 3/1 - 3/15/2026
Check Date: 03/25/2026

Check Total:	\$	31,642.10
Direct Deposit Total:	\$	2,954,915.90
Wires & Electronic Funds Transfers:	\$	1,781,602.45
Grand Total:	\$	<u>4,768,160.45</u>

Total Checks and Direct deposit:	\$	4,205,714.45
Wire Wilmington Trust RICS (MEBT):	\$	562,446.00
Grand Total:	\$	<u>4,768,160.45</u>

We, the undersigned Council members, do hereby certify under penalty of perjury that the materials have been furnished, the services rendered or the labor performed as described herein, that any advance payment is due and payable pursuant to a contract or is available as an option for full or partial fulfillment of a contractual obligation, and that the claim is a just, due and unpaid obligation against the City of Redmond, and that we are authorized to authenticate and certify to said claim.

I, the Human Resources Director, do hereby certify to the City Council, that the checks and direct deposits presented are true and correct to the best of my knowledge.

All Checks numbered **189036** through **189050** ,
Direct deposits numbered **201529** through **202307** , and
Electronic Fund transfers **1956** through **1960**
are approved for payment in the amount of **\$4,768,160.45**
on this **25th day of March 2026**.

Signed by:
Cathryn Laird
7C0092BCC9C549B...

Human Resources Director, City of Redmond
Redmond, Washington

Note:

City of Redmond
Payroll Check Approval Register
Pay period: 3/1 - 3/31/2026
Check Date: 3/31/2026

City of Redmond
Payroll Final Check List
Pay period: 3/1 - 3/31/2026
Check Date: 3/31/2026

Check Total:	\$ -
Direct Deposit Total:	\$ 10,586.82
Wires & Electronic Funds Transfers:	\$ 6,715.75
Grand Total:	<u>\$ 17,302.57</u>

Total Checks and Direct deposit:	\$ 11,709.60
Wire Wilmington Trust RICS (MEBT):	\$ 5,592.97
Grand Total:	<u>\$ 17,302.57</u>

We, the undersigned Council members, do hereby certify under penalty of perjury that the materials have been furnished, the services rendered or the labor performed as described herein, that any advance payment is due and payable pursuant to a contract or is available as an option for full or partial fulfillment of a contractual obligation, and that the claim is a just, due and unpaid obligation against the City of Redmond, and that we are authorized to authenticate and certify to said claim.

I, the Human Resources Director, do hereby certify to the City Council, that the checks and direct deposits presented are true and correct to the best of my knowledge.


All Checks numbered **202308** through **202315**,
Direct deposits number **1961** through **1962**, and
Electronic Fund transfers **1961** & **1962**,
are approved for payment in the amount of **\$17,302.57**
on this **31st day of March 2026**.

Signed by:
Cathryn Laird
7C0092BCC9C549B...

Human Resources Director, City of Redmond
Redmond, Washington

Note:

I, Finance Director, do hereby certify to the City Council, that the checks for the month of March and April are true and correct to the best of my knowledge.

Signed by:

706AE71EFDB1430...

Kelley Cochran, Finance Director
City of Redmond
Redmond, Washington

We, the undersigned Councilmembers, do hereby certify under penalty of perjury that the materials have been furnished, the services rendered or the labor performed as described herein, that any advance payment is due and payable pursuant to a contract or is available as an option for full or partial fulfillment of a contractual obligation, and that the claim is a just, due and unpaid obligation against the City of Redmond, and that we are authorized to authenticate and certify to said claim. All checks numbered 17357 through 17762, and WIRE and ACH Transfers are approved for payment in the amount of \$5,088,917.55 this 7th day of April 2026.



Memorandum

Date: 4/7/2026
Meeting of: City Council

File No. AM No. 26-052
Type: Consent Item

TO: Members of the City Council
FROM: Mayor Angela Birney
DEPARTMENT DIRECTOR CONTACT(S):

Executive	Malisa Files	425-556-2166
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DEPARTMENT STAFF:

Executive	Cheryl Xanthos	City Clerk
Executive	Kalli Biegel	Deputy City Clerk

TITLE:

Confirmation of Appointment of the New Parks, Trails, and Recreation Commission Members

OVERVIEW STATEMENT:

There is one opening, and two vacancies on the Parks, Trails, and Recreation Commission, due to the resignation of Sayna Parsi and the term expirations of Garrett Michaud and Kristina Wayland.

The press release advertising these vacancies was posted on February 3, 2026, and can be viewed at: News Release: [City Seeks New Parks, Trails, and Recreation Commissioners Redmond, WA](https://www.redmond.gov/m/newsflash/home/detail/2799) <<https://www.redmond.gov/m/newsflash/home/detail/2799>>. The interview panel selected Jose Gonzalez, Sidney Yoon and Eugenio Vidales to move forward in the process. All three were interviewed by Mayor Birney and by Council.

Jose Gonzalez will fill the seat left by Garrett Michaud.
Sidney Yoon will fill the seat left by Kristina Wayland.
Eugenio Vidales will fill the seat left by Sayna Parsi.

Additional Background Information/Description of Proposal Attached

REQUESTED ACTION:

Receive Information Provide Direction Approve

REQUEST RATIONALE:

- **Relevant Plans/Policies:**
N/A
- **Required:**
Council confirmation is required for Commission Member mayoral appointments.

RMC: 4.40.010(A)

- **Council Request:**
N/A
- **Other Key Facts:**
N/A

OUTCOMES:

If appointment is confirmed by Council, the candidates will serve until the term expiration dates below:

Parks, Trails, and Recreation Commission

Jose Gonzalez	First Term to Expire: March 31, 2029
Sidney Yoon	First Term to Expire: March 31, 2029
Eugenio Vidales	First Term to Expire: March 31, 2029

COMMUNITY/STAKEHOLDER OUTREACH AND INVOLVEMENT:

- **Timeline (previous or planned):**
N/A
- **Outreach Methods and Results:**
These vacancies were advertised, and all completed applications were reviewed.
- **Feedback Summary:**
N/A

BUDGET IMPACT:

Total Cost:
N/A

Approved in current biennial budget: Yes No N/A

Budget Offer Number:
N/A

Budget Priority:
N/A

Other budget impacts or additional costs: Yes No N/A

If yes, explain:
N/A

Funding source(s):
N/A

Budget/Funding Constraints:

N/A

Additional budget details attached

COUNCIL REVIEW:

Previous Contact(s)

Date	Meeting	Requested Action
3/24/2026	Special Meeting	Provide Direction

Proposed Upcoming Contact(s)

Date	Meeting	Requested Action
N/A	None proposed at this time	N/A

Time Constraints:

There is currently one opening, and two additional terms that expire on March 31, 2026, leaving vacancies if not filled.

ANTICIPATED RESULT IF NOT APPROVED:

If Council decides not to confirm appointment, recruitment efforts would need to continue.

ATTACHMENTS:

None.



Memorandum

Date: 4/7/2026
Meeting of: City Council

File No. AM No. 26-053
Type: Consent Item

TO: Members of the City Council
FROM: Mayor Angela Birney
DEPARTMENT DIRECTOR CONTACT(S):

Police	Chief Darrell Lowe	425-556-2521
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DEPARTMENT STAFF:

Police	Jesse Bollerud	Lieutenant
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TITLE:

Authorization to Accept Grant Funding from the Washington Association of Sheriffs and Police Chiefs

OVERVIEW STATEMENT:

The Washington Association of Sheriffs and Police Chiefs (WASPC) has awarded the City a \$3,000 Traffic Safety Grant to purchase one LIDAR unit to support traffic enforcement operations. The grant requires participation in at least one Washington Traffic Safety Commission-funded High Visibility Enforcement (HVE) patrol during federal fiscal year 2025-2026, along with continued support of statewide and national traffic safety initiatives and a commitment to proactive traffic enforcement. Acceptance of this grant will enhance the department’s speed enforcement capabilities and further support community traffic safety efforts.

Additional Background Information/Description of Proposal Attached

REQUESTED ACTION:

Receive Information Provide Direction Approve

REQUEST RATIONALE:

- **Relevant Plans/Policies:**
Target Zero
Transportation Master Plan
- **Required:**
Council approval is required to accept grant funding.
- **Council Request:**
Council has requested they be informed and approve revenue from grants prior to acceptance or purchase of equipment using grant funding.
- **Other Key Facts:**
LIDAR (Light Detection and Ranging) is a handheld or vehicle-mounted speed measurement device that uses laser pulses to calculate the speed of a moving vehicle. Unlike traditional radar, which emits a broader radio

wave, LIDAR produces a narrow, focused beam that allows officers to precisely target a specific vehicle in traffic. This improves accuracy, especially in multi-lane or high-volume environments.

The department currently operates six LIDAR units: four older models previously used in the Traffic Unit and two newer "Stalker" units assigned to patrol. Each traffic officer is equipped with a newer Stalker LIDAR, which provides faster target acquisition, greater accuracy, and improved performance in low light and adverse weather conditions. With the onboarding of an additional traffic officer this year, the department plans to assign them a new, modern LIDAR, which is essential to his daily traffic enforcement duties.

OUTCOMES:

Acceptance of this \$3,000 WASPC Traffic Safety Grant will enhance the department's ability to conduct precise and effective speed enforcement through the acquisition of a LIDAR unit. This equipment will support High Visibility Enforcement patrols, strengthen participation in statewide traffic safety initiatives, and reinforce the City's commitment to proactive traffic enforcement. The anticipated outcome is improved speed compliance, reduced speed-related collisions, and increased roadway safety for residents, visitors, and first responders.

COMMUNITY/STAKEHOLDER OUTREACH AND INVOLVEMENT:

- **Timeline (previous or planned):**
N/A
- **Outreach Methods and Results:**
N/A
- **Feedback Summary:**
N/A

BUDGET IMPACT:

Total Cost:

There is no anticipated cost to the City.

Approved in current biennial budget: Yes No N/A

Budget Offer Number:

228

Budget Priority:

Safe and Resilient

Other budget impacts or additional costs: Yes No N/A

If yes, explain:

N/A

Funding source(s):

General Fund

Budget/Funding Constraints:
N/A

Additional budget details attached

COUNCIL REVIEW:

Previous Contact(s)

Date	Meeting	Requested Action
3/17/2026	Committee of the Whole - Public Safety and Human Services	Provide Direction

Proposed Upcoming Contact(s)

Date	Meeting	Requested Action
N/A	None proposed at this time	N/A

Time Constraints:

Invoices are due to WASPC no later than May 1, 2026.

ANTICIPATED RESULT IF NOT APPROVED:

The police department will not accept grant funding for this LIDAR unit.

ATTACHMENTS:

Attachment A: Washington Association of Sheriffs and Police Chiefs Grant Award Letter



February 12, 2026

Redmond Police Department
Chief Darrell Lowe
8701 160 Ave NE
Redmond, WA 98052

Chief Darrell Lowe:

Thank you for applying for a WASPC Traffic Safety Grant. We are pleased to inform you that your agency is approved to purchase the following items:

Equipment	Number of Units Awarded	Max Price Per Unit	Total
Lidar	1	\$ 3,000.00	\$ 3,000.00
Total Awarded			\$ 3,000.00

Award details and conditions:

- Federal Identification number for this grant is **CFDA# 20.600**.
- HVE participation in at least one WTSC funded impaired driving or speed HVE patrol during federal fiscal year 2025-2026 is a grant requirement. **Agencies that do not meet this grant condition will be required to refund the grant award.** Please contact your Target Zero Manager or Jerry Noviello at jnoviello@wtsc.wa.gov for more information.
- Agencies will support statewide/national traffic safety initiatives, projects, and programs.
- Agencies will subscribe and commit to aggressive traffic enforcement.
- An annual report is required for the Traffic Safety Grant funds awarded to your department. The 2025-2026 Traffic Safety Grant reports are due by October 2, 2026. **Failure to report will result in denial of 2026 – 2027 grant funds.** Agencies must report grant results to WASPC in a timely manner.
- Invoices are due to WASPC **no later than May 1, 2026**. Any invoices not received by the deadline may not be reimbursed and the award money will be forfeited. ***Please note: WASPC is responsible for the amount of your grant award only. Any expense in excess of the grant award is agency responsibility.***

- **Vendor invoices in excess of \$5,000.00 total purchase for a single piece of equipment requires preapproval.** Please contact WASPC prior to making any purchases in excess of \$5,000.00 regardless of local contributions.
- Grantees must collect and provide data to support the objectives identified in the Washington Strategic Highway Safety Plan. Prior to receiving a grant reimbursement, agencies must provide the following:

For the period Oct. 2024 - Sep. 2025

- Total citations issued
- Speed citations issued
- DUI citations issued

This data will also be collected on the end-of-year report for the period Oct. 2025 - Sep. 2026

To submit A-19 reimbursement forms and online report forms, or to get copies, please go to www.waspc.org/traffic-safety .

Thank you for your dedication to traffic safety in the State of Washington. If you have any questions, please contact Anastasia Raybon at araybon@waspc.org. If you would like more information regarding state or federal traffic safety grant funding, please contact the Washington Traffic Safety Commission at (360) 725-9896.

Sincerely,

Sheriff Drew Hyer, Garfield County
Traffic Safety Committee Co-Chair

Chief Shawn Boyle, Yakima Police Department
Traffic Safety Committee Co-Chair



Steve Strachan
Executive Director



Memorandum

Date: 4/7/2026
Meeting of: City Council

File No. AM No. 26-054
Type: Consent Item

TO: Members of the City Council
FROM: Mayor Angela Birney
DEPARTMENT DIRECTOR CONTACT(S):

Executive	Malisa Files, COO	425-556-2166
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DEPARTMENT STAFF:

N/A	N/A	N/A
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TITLE:
Approval of Washington State Opioid Settlement with Remnant Defendants

OVERVIEW STATEMENT:

On June 7, 2022, the City Council was briefed on the Attorney General’s Washington State Opioid Settlement. At that time, the City signed the One Washington Memorandum of Understanding between Washington Municipalities to participate in the settlement agreement. Currently, Redmond has participated in five settlement agreements (see details below). The State of Washington has entered into an additional settlement agreement with Remnant Defendants including Associated Pharmacies, Inc (and American Associated Pharmacies); J M Smith Corporation; Louisiana Wholesale Drug Company, Inc.; Morris and Dickson Co.; North Carolina Mutual Wholesale Drug Company, Inc.; and United Natural Foods, Inc. (including its subsidiaries SuperValu and Advantage Logistics). A total of \$97.625 million will be distributed among participating organizations who sign the participation agreement contained in Attachment A.

Additional Background Information/Description of Proposal Attached

REQUESTED ACTION:

Receive Information Provide Direction Approve

REQUEST RATIONALE:

- **Relevant Plans/Policies:**
One Washington Memorandum of Understanding between Washington Municipalities
- **Required:**
The distribution of the opioid settlement is governed by the court approved settlement documents.
- **Council Request:**
Council has already approved Redmond’s participation by signing the One Washington Memorandum of Understanding between Washington Municipalities. Signing the additional participation agreement will ensure the City is a part of the distribution of funds from the Remnant Defendants settlement.
- **Other Key Facts:**

N/A

OUTCOMES:

In June 2022, Redmond signed on to the One Washington Memorandum of Understanding that allowed the City to participate in the state opioid settlements. Redmond has participated in five opioid settlements, including:

- Amerisource Bergen Corporation, Cardinal Health, Inc, and McKesson Corporation
- CVS, Walgreens, Walmart, TEVA and Allergan
- Johnson & Johnson Corporation
- Kroger
- Purdue Pharma and Generic Manufacturers

The total the City is set to receive from the Remnant Defendants settlement is approximately \$1.2 million. Adding the past settlements, the City will receive a little over \$6 million in total to use for programs such as law enforcement expenditures relating to the opioid epidemic, education of law enforcement or other first responders regarding appropriate practices and precautions when dealing with fentanyl or other drugs, connecting those who need help to the help they need (connections to care) as well as other abatement strategies. A list of opioid remediation uses can be found in Attachment C.

For those municipalities over 10,000 population, the allocation formula is a combination of population and the effect of opioids on a community. The total allocation amount that will go to municipalities equals approximately \$97.625 million from the Remnant Defendants. Redmond’s portion would be 0.0124955509% or approximately \$1.2 million after legal fees are deducted. You can find the settlement documents and more details in the Attorney General’s Office website here <https://nationalopioidsettlement.com/>.

To date the City has collected approximately \$856,885. The funds have been spent on a combination of Police equipment (approximately \$34,000) and funds to support human services (approximately \$545,000) specializing in connecting those who need help with the help they need.

COMMUNITY/STAKEHOLDER OUTREACH AND INVOLVEMENT:

- **Timeline (previous or planned):**
N/A
- **Outreach Methods and Results:**
N/A
- **Feedback Summary:**
N/A

BUDGET IMPACT:

Total Cost:

The City of Redmond will receive approximately \$1.2 million from the Remnant Defendant settlement agreement.

Approved in current biennial budget: Yes No N/A

Budget Offer Number:

N/A

Budget Priority:

Safe and Resilient

Other budget impacts or additional costs: Yes No N/A

If yes, explain:

N/A

Funding source(s):

General Fund

Budget/Funding Constraints:

The opioid funds are earmarked for designated uses as outlined in Attachment C.

Additional budget details attached

COUNCIL REVIEW:

Previous Contact(s)

Date	Meeting	Requested Action
9/6/2022	Business Meeting	Approve
3/19/2024	Business Meeting	Approve
7/2/2024	Business Meeting	Approve
9/16/2024	Business Meeting	Approve
3/17/2026	Committee of the Whole - Public Safety and Human Services	Provide Direction

Proposed Upcoming Contact(s)

Date	Meeting	Requested Action
N/A	None proposed at this time	N/A

Time Constraints:

The Participation Agreement for the Remnant Defendants settlement must be signed by May 4, 2026.

ANTICIPATED RESULT IF NOT APPROVED:

If the Participation Agreement is not approved, Redmond will not receive the approximate \$1.2 million to spend on opioid abatement programs.

ATTACHMENTS:

Attachment A: Participation Agreement

Attachment B: One Washington Memorandum of Understanding

Attachment C: List of Opioid Remediation Uses

ATTACHMENT A

**Six (6) Remnant Defendants’
Combined Subdivision Participation and Release Form
 (“Combined Participation Form”)**

Governmental Entity:	State:
Authorized Official:	
Address 1:	
Address 2:	
City, State, Zip:	
Phone:	
Email:	

The governmental entity identified above (“Governmental Entity”), in order to obtain and in consideration for the benefits provided to the Governmental Entity pursuant to the six (6) Remnant Defendants’ Settlement Agreement (“RDSA”), dated February 23, 2026, and described further in Paragraph 1, and acting through the undersigned authorized official, hereby elects to participate in the RDSA, release all Released Claims against all Released Entities, and agrees as follows:

1. The Governmental Entity hereby elects to participate in the RDSA as a Participating Subdivision with each of the following six (6) Remnant Defendants that are parties to the RDSA: (1) Associated Pharmacies, Inc. (and American Associated Pharmacies), (2) J M Smith Corporation, (3) Morris and Dickson Co., L.L.C., (4) Louisiana Wholesale Drug Company, Inc., (5) North Carolina Mutual Wholesale Drug Company, Inc., and (6) United Natural Foods, Inc. (and SuperValu).
2. The Governmental Entity is aware of and has reviewed the RDSA, understands that all capitalized terms not defined in this Combined Participation Form have the meanings defined in the RDSA, and agrees that by executing this Combined Participation Form, the Governmental Entity elects to participate in the RDSA and become a Participating Subdivision as provided in the RDSAs.
3. The Governmental Entity shall promptly, and in any event no later than 14 days after the Reference Date and prior to the filing of the Consent Judgment, dismiss with prejudice any Released Claims that it has filed against any Released Entity in the RDSA. With respect to any Released Claims pending in *In Re National Prescription Opiate Litigation*, MDL No. 2804, the Governmental Entity authorizes the Plaintiffs’ Executive Committee to execute and file on behalf of the Governmental Entity a Stipulation of Dismissal with Prejudice for each of six (6) Remnant Defendants listed in Paragraph 1 above substantially in the form found at <https://nationalopioidsettlement.com/additional-settlements/>.
4. The Governmental Entity agrees to the terms of each of the RDSA pertaining to Participating Subdivisions as defined therein.

5. By agreeing to the terms of the RDSA settlements and becoming a Releasor, the Governmental Entity is entitled to the benefits provided therein, including, if applicable, monetary payments beginning after the Effective Date.
6. The Governmental Entity agrees to use any monies it receives through the RDSA solely for the purposes provided therein.
7. The Governmental Entity submits to the jurisdiction of the MDL Court and agrees to follow the process for resolving any disputes described in the RDSA.
8. The Governmental Entity has the right to enforce the RDSA as provided therein.
9. The Governmental Entity, as a Participating Subdivision, hereby becomes a Releasor for all purposes of the RDSA, including without limitation all provisions related to release of any claims, and along with all departments, agencies, divisions, boards, commissions, districts, instrumentalities of any kind and attorneys, and any person in his or her official capacity whether elected or appointed to serve any of the foregoing and any agency, person, or other entity claiming by or through any of the foregoing, and any other entity identified in the definition of Releasor, provides for a release to the fullest extent of its authority. As a Releasor, the Governmental Entity hereby absolutely, unconditionally, and irrevocably covenants not to bring, file, or claim, or to cause, assist or permit to be brought, filed, or claimed, or to otherwise seek to establish liability for any Released Claims against any Released Entity in the RDSA in any forum whatsoever. The release provided for in the RDSA is intended by the Parties to be broad and shall be interpreted so as to give the Released Entities in the RDSA the broadest possible bar against any liability relating in any way to Released Claims and extend to the full extent of the power of the Governmental Entity to release claims. The RDSA shall be a complete bar to any Released Claim against the Released Entities.
10. The Governmental Entity hereby takes on all rights and obligations of a Participating Subdivision as set forth in the RDSA.
11. In connection with the releases provided in the RDSA, each Governmental Entity expressly waives, releases, and forever discharges any and all provisions, rights, and benefits conferred by any law of any state or territory of the United States or other jurisdiction, or principle of common law, which is similar, comparable, or equivalent to § 1542 of the California Civil Code, which reads:

General Release; extent. A general release does not extend to claims that the creditor or releasing party does not know or suspect to exist in his or her favor at the time of executing the release that, if known by him or her would have materially affected his or her settlement with the debtor or released party.

A Releasor may hereafter discover facts other than or different from those which it knows, believes, or assumes to be true with respect to the Released Claims in the RDSA, but each Governmental Entity hereby expressly waives and fully, finally, and forever settles, releases and discharges, upon the Effective Date, any and all Released Claims that may exist as of such date but which Releasors do not know or suspect to exist, whether through ignorance, oversight, error, negligence or through no fault whatsoever, and which, if known, would materially affect the Governmental Entities' decision to participate in the RDSA.

12. The Governmental Entity understands and acknowledges that nothing herein is intended to modify in any way the terms of any of the RDSA, to which Governmental Entity hereby agrees. To the extent this Combined Participation Form is interpreted differently from the RDSA in any respect, the RDSA controls.

I have all necessary power and authorization to execute this Combined Participation Form on behalf of the Governmental Entity.

Signature: _____

Name: _____

Title: _____

Date: _____

ATTACHMENT B

ONE WASHINGTON MEMORANDUM OF UNDERSTANDING BETWEEN WASHINGTON MUNICIPALITIES

Whereas, the people of the State of Washington and its communities have been harmed by entities within the Pharmaceutical Supply Chain who manufacture, distribute, and dispense prescription opioids;

Whereas, certain Local Governments, through their elected representatives and counsel, are engaged in litigation seeking to hold these entities within the Pharmaceutical Supply Chain of prescription opioids accountable for the damage they have caused to the Local Governments;

Whereas, Local Governments and elected officials share a common desire to abate and alleviate the impacts of harms caused by these entities within the Pharmaceutical Supply Chain throughout the State of Washington, and strive to ensure that principals of equity and equitable service delivery are factors considered in the allocation and use of Opioid Funds; and

Whereas, certain Local Governments engaged in litigation and the other cities and counties in Washington desire to agree on a form of allocation for Opioid Funds they receive from entities within the Pharmaceutical Supply Chain.

Now therefore, the Local Governments enter into this Memorandum of Understanding (“MOU”) relating to the allocation and use of the proceeds of Settlements described.

A. Definitions

As used in this MOU:

1. “Allocation Regions” are the same geographic areas as the existing nine (9) Washington State Accountable Community of Health (ACH) Regions and have the purpose described in Section C below.
2. “Approved Purpose(s)” shall mean the strategies specified and set forth in the Opioid Abatement Strategies attached as Exhibit A.
3. “Effective Date” shall mean the date on which a court of competent jurisdiction enters the first Settlement by order or consent decree. The Parties anticipate that more than one Settlement will be administered according to the terms of this MOU, but that the first entered Settlement will trigger allocation of Opioid Funds in accordance with Section B herein, and the formation of the Opioid Abatement Councils in Section C.
4. “Litigating Local Government(s)” shall mean Local Governments that filed suit against any Pharmaceutical Supply Chain Participant pertaining to the Opioid epidemic prior to September 1, 2020.

5. “Local Government(s)” shall mean all counties, cities, and towns within the geographic boundaries of the State of Washington.

6. “National Settlement Agreements” means the national opioid settlement agreements dated July 21, 2021 involving Johnson & Johnson, and distributors AmerisourceBergen, Cardinal Health and McKesson as well as their subsidiaries, affiliates, officers, and directors named in the National Settlement Agreements, including all amendments thereto.

7. “Opioid Funds” shall mean monetary amounts obtained through a Settlement as defined in this MOU.

8. “Opioid Abatement Council” shall have the meaning described in Section C below.

9. “Participating Local Government(s)” shall mean all counties, cities, and towns within the geographic boundaries of the State that have chosen to sign on to this MOU. The Participating Local Governments may be referred to separately in this MOU as “Participating Counties” and “Participating Cities and Towns” (or “Participating Cities or Towns,” as appropriate) or “Parties.”

10. “Pharmaceutical Supply Chain” shall mean the process and channels through which controlled substances are manufactured, marketed, promoted, distributed, and/or dispensed, including prescription opioids.

11. “Pharmaceutical Supply Chain Participant” shall mean any entity that engages in or has engaged in the manufacture, marketing, promotion, distribution, and/or dispensing of a prescription opioid, including any entity that has assisted in any of the above.

12. “Qualified Settlement Fund Account,” or “QSF Account,” shall mean an account set up as a qualified settlement fund, 468b fund, as authorized by Treasury Regulations 1.468B-1(c) (26 CFR §1.468B-1).

13. “Regional Agreements” shall mean the understanding reached by the Participating Local Counties and Cities within an Allocation Region governing the allocation, management, distribution of Opioid Funds within that Allocation Region.

14. “Settlement” shall mean the future negotiated resolution of legal or equitable claims against a Pharmaceutical Supply Chain Participant when that resolution has been jointly entered into by the Participating Local Governments. “Settlement” expressly does not include a plan of reorganization confirmed under Title 11 of the United States Code, irrespective of the extent to which Participating Local Governments vote in favor of or otherwise support such plan of reorganization.

15. “Trustee” shall mean an independent trustee who shall be responsible for the ministerial task of releasing Opioid Funds from a QSF account to Participating Local Governments as authorized herein and accounting for all payments into or out of the trust.

16. The “Washington State Accountable Communities of Health” or “ACH” shall mean the nine (9) regions described in Section C below.

B. Allocation of Settlement Proceeds for Approved Purposes

1. All Opioid Funds shall be held in a QSF and distributed by the Trustee, for the benefit of the Participating Local Governments, only in a manner consistent with this MOU. Distribution of Opioid Funds will be subject to the mechanisms for auditing and reporting set forth below to provide public accountability and transparency.

2. All Opioid Funds, regardless of allocation, shall be utilized pursuant to Approved Purposes as defined herein and set forth in Exhibit A. Compliance with this requirement shall be verified through reporting, as set out in this MOU.

3. The division of Opioid Funds shall first be allocated to Participating Counties based on the methodology utilized for the Negotiation Class in *In Re: National Prescription Opiate Litigation*, United States District Court for the Northern District of Ohio, Case No. 1:17-md-02804-DAP. The allocation model uses three equally weighted factors: (1) the amount of opioids shipped to the county; (2) the number of opioid deaths that occurred in that county; and (3) the number of people who suffer opioid use disorder in that county. The allocation percentages that result from application of this methodology are set forth in the “County Total” line item in Exhibit B. In the event any county does not participate in this MOU, that county’s percentage share shall be reallocated proportionally amongst the Participating Counties by applying this same methodology to only the Participating Counties.

4. Allocation and distribution of Opioid Funds within each Participating County will be based on regional agreements as described in Section C.

C. Regional Agreements

1. For the purpose of this MOU, the regional structure for decision-making related to opioid fund allocation will be based upon the nine (9) pre-defined Washington State Accountable Community of Health Regions (Allocation Regions). Reference to these pre-defined regions is solely for the purpose of

drawing geographic boundaries to facilitate regional agreements for use of Opioid Funds. The Allocation Regions are as follows:

- King County (Single County Region)
- Pierce County (Single County Region)
- Olympic Community of Health Region (Clallam, Jefferson, and Kitsap Counties)
- Cascade Pacific Action Alliance Region (Cowlitz, Grays Harbor, Lewis, Mason, Pacific, Thurston, and Wahkiakum Counties)
- North Sound Region (Island, San Juan, Skagit, Snohomish, and Whatcom Counties)
- SouthWest Region (Clark, Klickitat, and Skamania Counties)
- Greater Columbia Region (Asotin, Benton, Columbia, Franklin, Garfield, Kittitas, Walla Walla, Whitman, and Yakima Counties)
- Spokane Region (Adams, Ferry, Lincoln, Pend Oreille, Spokane, and Stevens Counties)
- North Central Region (Chelan, Douglas, Grant, and Okanogan Counties)

2. Opioid Funds will be allocated, distributed and managed within each Allocation Region, as determined by its Regional Agreement as set forth below. If an Allocation Region does not have a Regional Agreement enumerated in this MOU, and does not subsequently adopt a Regional Agreement per Section C.5, the default mechanism for allocation, distribution and management of Opioid Funds described in Section C.4.a will apply. Each Allocation Region must have an OAC whose composition and responsibilities shall be defined by Regional Agreement or as set forth in Section C.4.

3. King County's Regional Agreement is reflected in Exhibit C to this MOU.

4. All other Allocation Regions that have not specified a Regional Agreement for allocating, distributing and managing Opioid Funds, will apply the following default methodology:

a. Opioid Funds shall be allocated within each Allocation Region by taking the allocation for a Participating County from Exhibit B and apportioning those funds between that Participating County and its Participating Cities and Towns. Exhibit B also sets forth the allocation to the Participating Counties and the Participating Cities or Towns within the Counties based on a default allocation formula. As set forth above in Section B.3, to determine the allocation to a county, this formula utilizes: (1) the amount of opioids shipped to the county; (2) the number of opioid deaths that occurred in that county; and (3) the number of people who suffer opioid use disorder in that county. To determine the allocation within a county, the formula utilizes historical federal data showing how the specific Counties and the Cities and Towns within the Counties have

made opioids epidemic-related expenditures in the past. This is the same methodology used in the National Settlement Agreements for county and intra-county allocations. A Participating County, and the Cities and Towns within it may enter into a separate intra-county allocation agreement to modify how the Opioid Funds are allocated amongst themselves, provided the modification is in writing and agreed to by all Participating Local Governments in the County. Such an agreement shall not modify any of the other terms or requirements of this MOU.

b. 10% of the Opioid Funds received by the Region will be reserved, on an annual basis, for administrative costs related to the OAC. The OAC will provide an annual accounting for actual costs and any reserved funds that exceed actual costs will be reallocated to Participating Local Governments within the Region.

c. Cities and towns with a population of less than 10,000 shall be excluded from the allocation, with the exception of cities and towns that are Litigating Participating Local Governments. The portion of the Opioid Funds that would have been allocated to a city or town with a population of less than 10,000 that is not a Litigating Participating Local Government shall be redistributed to Participating Counties in the manner directed in C.4.a above.

d. Each Participating County, City, or Town may elect to have its share re-allocated to the OAC in which it is located. The OAC will then utilize this share for the benefit of Participating Local Governments within that Allocation Region, consistent with the Approved Purposes set forth in Exhibit A. A Participating Local Government's election to forego its allocation of Opioid Funds shall apply to all future allocations unless the Participating Local Government notifies its respective OAC otherwise. If a Participating Local Government elects to forego its allocation of the Opioid Funds, the Participating Local Government shall be excused from the reporting requirements set forth in this Agreement.

e. Participating Local Governments that receive a direct payment maintain full discretion over the use and distribution of their allocation of Opioid Funds, provided the Opioid Funds are used solely for Approved Purposes. Reasonable administrative costs for a Participating Local Government to administer its allocation of Opioid Funds shall not exceed actual costs or 10% of the Participating Local Government's allocation of Opioid Funds, whichever is less.

f. A Local Government that chooses not to become a Participating Local Government will not receive a direct allocation of Opioid Funds. The portion of the Opioid Funds that would have been allocated to a Local Government that is not a Participating Local Government shall be

redistributed to Participating Counties in the manner directed in C.4.a above.

g. As a condition of receiving a direct payment, each Participating Local Government that receives a direct payment agrees to undertake the following actions:

- i. Developing a methodology for obtaining proposals for use of Opioid Funds.
- ii. Ensuring there is opportunity for community-based input on priorities for Opioid Fund programs and services.
- iii. Receiving and reviewing proposals for use of Opioid Funds for Approved Purposes.
- iv. Approving or denying proposals for use of Opioid Funds for Approved Purposes.
- v. Receiving funds from the Trustee for approved proposals and distributing the Opioid Funds to the recipient.
- vi. Reporting to the OAC and making publicly available all decisions on Opioid Fund allocation applications, distributions and expenditures.

h. Prior to any distribution of Opioid Funds within the Allocation Region, The Participating Local Governments must establish an Opioid Abatement Council (OAC) to oversee Opioid Fund allocation, distribution, expenditures and dispute resolution. The OAC may be a preexisting regional body or may be a new body created for purposes of executing the obligations of this MOU.

i. The OAC for each Allocation Region shall be composed of representation from both Participating Counties and Participating Towns or Cities within the Region. The method of selecting members, and the terms for which they will serve will be determined by the Allocation Region's Participating Local Governments. All persons who serve on the OAC must have work or educational experience pertaining to one or more Approved Uses.

j. The Regional OAC will be responsible for the following actions:

- i. Overseeing distribution of Opioid Funds from Participating Local Governments to programs and services within the Allocation Region for Approved Purposes.

- ii. Annual review of expenditure reports from Participating Local Jurisdictions within the Allocation Region for compliance with Approved Purposes and the terms of this MOU and any Settlement.
- iii. In the case where Participating Local Governments chose to forego their allocation of Opioid Funds:
 - (i) Approving or denying proposals by Participating Local Governments or community groups to the OAC for use of Opioid Funds within the Allocation Region.
 - (ii) Directing the Trustee to distribute Opioid Funds for use by Participating Local Governments or community groups whose proposals are approved by the OAC.
 - (iii) Administrating and maintaining records of all OAC decisions and distributions of Opioid Funds.
- iv. Reporting and making publicly available all decisions on Opioid Fund allocation applications, distributions and expenditures by the OAC or directly by Participating Local Governments.
- v. Developing and maintaining a centralized public dashboard or other repository for the publication of expenditure data from any Participating Local Government that receives Opioid Funds, and for expenditures by the OAC in that Allocation Region, which it shall update at least annually.
- vi. If necessary, requiring and collecting additional outcome-related data from Participating Local Governments to evaluate the use of Opioid Funds, and all Participating Local Governments shall comply with such requirements.
- vii. Hearing complaints by Participating Local Governments within the Allocation Region regarding alleged failure to (1) use Opioid Funds for Approved Purposes or (2) comply with reporting requirements.

5. Participating Local Governments may agree and elect to share, pool, or collaborate with their respective allocation of Opioid Funds in any manner they choose by adopting a Regional Agreement, so long as such sharing, pooling, or collaboration is used for Approved Purposes and complies with the terms of this MOU and any Settlement.

6. Nothing in this MOU should alter or change any Participating Local Government's rights to pursue its own claim. Rather, the intent of this MOU is to join all parties who wish to be Participating Local Governments to agree upon an allocation formula for any Opioid Funds from any future binding Settlement with one or more Pharmaceutical Supply Chain Participants for all Local Governments in the State of Washington.

7. If any Participating Local Government disputes the amount it receives from its allocation of Opioid Funds, the Participating Local Government shall alert its respective OAC within sixty (60) days of discovering the information underlying the dispute. Failure to alert its OAC within this time frame shall not constitute a waiver of the Participating Local Government's right to seek recoupment of any deficiency in its allocation of Opioid Funds.

8. If any OAC concludes that a Participating Local Government's expenditure of its allocation of Opioid Funds did not comply with the Approved Purposes listed in Exhibit A, or the terms of this MOU, or that the Participating Local Government otherwise misused its allocation of Opioid Funds, the OAC may take remedial action against the alleged offending Participating Local Government. Such remedial action is left to the discretion of the OAC and may include withholding future Opioid Funds owed to the offending Participating Local Government or requiring the offending Participating Local Government to reimburse improperly expended Opioid Funds back to the OAC to be re-allocated to the remaining Participating Local Governments within that Region.

9. All Participating Local Governments and OAC shall maintain all records related to the receipt and expenditure of Opioid Funds for no less than five (5) years and shall make such records available for review by any other Participating Local Government or OAC, or the public. Records requested by the public shall be produced in accordance with Washington's Public Records Act RCW 42.56.001 *et seq.* Records requested by another Participating Local Government or an OAC shall be produced within twenty-one (21) days of the date the record request was received. This requirement does not supplant any Participating Local Government or OAC's obligations under Washington's Public Records Act RCW 42.56.001 *et seq.*

D. Payment of Counsel and Litigation Expenses

1. The Litigating Local Governments have incurred attorneys' fees and litigation expenses relating to their prosecution of claims against the Pharmaceutical Supply Chain Participants, and this prosecution has inured to the benefit of all Participating Local Governments. Accordingly, a Washington

Government Fee Fund (“GFF”) shall be established that ensures that all Parties that receive Opioid Funds contribute to the payment of fees and expenses incurred to prosecute the claims against the Pharmaceutical Supply Chain Participants, regardless of whether they are litigating or non-litigating entities.

2. The amount of the GFF shall be based as follows: the funds to be deposited in the GFF shall be equal to 15% of the total cash value of the Opioid Funds.

3. The maximum percentage of any contingency fee agreement permitted for compensation shall be 15% of the portion of the Opioid Funds allocated to the Litigating Local Government that is a party to the contingency fee agreement, plus expenses attributable to that Litigating Local Government. Under no circumstances may counsel collect more for its work on behalf of a Litigating Local Government than it would under its contingency agreement with that Litigating Local Government.

4. Payments from the GFF shall be overseen by a committee (the “Opioid Fee and Expense Committee”) consisting of one representative of the following law firms: (a) Keller Rohrback L.L.P.; (b) Hagens Berman Sobol Shapiro LLP; (c) Goldfarb & Huck Roth Riojas, PLLC; and (d) Napoli Shkolnik PLLC. The role of the Opioid Fee and Expense Committee shall be limited to ensuring that the GFF is administered in accordance with this Section.

5. In the event that settling Pharmaceutical Supply Chain Participants do not pay the fees and expenses of the Participating Local Governments directly at the time settlement is achieved, payments to counsel for Participating Local Governments shall be made from the GFF over not more than three years, with 50% paid within 12 months of the date of Settlement and 25% paid in each subsequent year, or at the time the total Settlement amount is paid to the Trustee by the Defendants, whichever is sooner.

6. Any funds remaining in the GFF in excess of: (i) the amounts needed to cover Litigating Local Governments’ private counsel’s representation agreements, and (ii) the amounts needed to cover the common benefit tax discussed in Section C.8 below (if not paid directly by the Defendants in connection with future settlement(s)), shall revert to the Participating Local Governments *pro rata* according to the percentages set forth in Exhibits B, to be used for Approved Purposes as set forth herein and in Exhibit A.

7. In the event that funds in the GFF are not sufficient to pay all fees and expenses owed under this Section, payments to counsel for all Litigating Local Governments shall be reduced on a *pro rata* basis. The Litigating Local Governments will not be responsible for any of these reduced amounts.

8. The Parties anticipate that any Opioid Funds they receive will be subject to a common benefit “tax” imposed by the court in *In Re: National Prescription Opiate Litigation*, United States District Court for the Northern District of Ohio, Case No. 1:17-md-02804-DAP (“Common Benefit Tax”). If this occurs, the Participating Local Governments shall first seek to have the settling defendants pay the Common Benefit Tax. If the settling defendants do not agree to pay the Common Benefit Tax, then the Common Benefit Tax shall be paid from the Opioid Funds and by both litigating and non-litigating Local Governments. This payment shall occur prior to allocation and distribution of funds to the Participating Local Governments. In the event that GFF is not fully exhausted to pay the Litigating Local Governments’ private counsel’s representation agreements, excess funds in the GFF shall be applied to pay the Common Benefit Tax (if any).

E. General Terms

1. If any Participating Local Government believes another Participating Local Government, not including the Regional Abatement Advisory Councils, violated the terms of this MOU, the alleging Participating Local Government may seek to enforce the terms of this MOU in the court in which any applicable Settlement(s) was entered, provided the alleging Participating Local Government first provides the alleged offending Participating Local Government notice of the alleged violation(s) and a reasonable opportunity to cure the alleged violation(s). In such an enforcement action, any alleging Participating Local Government or alleged offending Participating Local Government may be represented by their respective public entity in accordance with Washington law.

2. Nothing in this MOU shall be interpreted to waive the right of any Participating Local Government to seek judicial relief for conduct occurring outside the scope of this MOU that violates any Washington law. In such an action, the alleged offending Participating Local Government, including the Regional Abatement Advisory Councils, may be represented by their respective public entities in accordance with Washington law. In the event of a conflict, any Participating Local Government, including the Regional Abatement Advisory Councils and its Members, may seek outside representation to defend itself against such an action.

3. Venue for any legal action related to this MOU shall be in the court in which the Participating Local Government is located or in accordance with the court rules on venue in that jurisdiction. This provision is not intended to expand the court rules on venue.

4. This MOU may be executed in two or more counterparts, each of which shall be deemed an original, but all of which shall constitute one and the same instrument. The Participating Local Governments approve the use of electronic signatures for execution of this MOU. All use of electronic signatures

shall be governed by the Uniform Electronic Transactions Act. The Parties agree not to deny the legal effect or enforceability of the MOU solely because it is in electronic form or because an electronic record was used in its formation. The Participating Local Government agree not to object to the admissibility of the MOU in the form of an electronic record, or a paper copy of an electronic document, or a paper copy of a document bearing an electronic signature, on the grounds that it is an electronic record or electronic signature or that it is not in its original form or is not an original.

5. Each Participating Local Government represents that all procedures necessary to authorize such Participating Local Government's execution of this MOU have been performed and that the person signing for such Party has been authorized to execute the MOU.

[Remainder of Page Intentionally Left Blank – Signature Pages Follow]

This One Washington Memorandum of Understanding Between Washington Municipalities is signed this _____ day of _____, 2022 by:

Name & Title _____

On behalf of _____

4894-0031-1574, v. 2

EXHIBIT A

OPIOID ABATEMENT STRATEGIES

PART ONE: TREATMENT

A. TREAT OPIOID USE DISORDER (OUD)

Support treatment of Opioid Use Disorder (OUD) and any co-occurring Substance Use Disorder or Mental Health (SUD/MH) conditions, co-usage, and/or co-addiction through evidence-based, evidence-informed, or promising programs or strategies that may include, but are not limited to, the following:

1. Expand availability of treatment for OUD and any co-occurring SUD/MH conditions, co-usage, and/or co-addiction, including all forms of Medication-Assisted Treatment (MAT) approved by the U.S. Food and Drug Administration.
2. Support and reimburse services that include the full American Society of Addiction Medicine (ASAM) continuum of care for OUD and any co-occurring SUD/MH conditions, co-usage, and/or co-addiction, including but not limited to:
 - a. Medication-Assisted Treatment (MAT);
 - b. Abstinence-based treatment;
 - c. Treatment, recovery, or other services provided by states, subdivisions, community health centers; non-for-profit providers; or for-profit providers;
 - d. Treatment by providers that focus on OUD treatment as well as treatment by providers that offer OUD treatment along with treatment for other SUD/MH conditions, co-usage, and/or co-addiction; or
 - e. Evidence-informed residential services programs, as noted below.
3. Expand telehealth to increase access to treatment for OUD and any co-occurring SUD/MH conditions, co-usage, and/or co-addiction, including MAT, as well as counseling, psychiatric support, and other treatment and recovery support services.
4. Improve oversight of Opioid Treatment Programs (OTPs) to assure evidence-based, evidence-informed, or promising practices such as adequate methadone dosing.
5. Support mobile intervention, treatment, and recovery services, offered by qualified professionals and service providers, such as peer recovery coaches, for persons with OUD and any co-occurring SUD/MH conditions, co-usage, and/or co-addiction and for persons who have experienced an opioid overdose.
6. Support treatment of mental health trauma resulting from the traumatic experiences of the opioid user (e.g., violence, sexual assault, human trafficking, or adverse childhood experiences) and family members (e.g., surviving family members after an overdose

or overdose fatality), and training of health care personnel to identify and address such trauma.

7. Support detoxification (detox) and withdrawal management services for persons with OUD and any co-occurring SUD/MH conditions, co-usage, and/or co-addiction, including medical detox, referral to treatment, or connections to other services or supports.
8. Support training on MAT for health care providers, students, or other supporting professionals, such as peer recovery coaches or recovery outreach specialists, including telementoring to assist community-based providers in rural or underserved areas.
9. Support workforce development for addiction professionals who work with persons with OUD and any co-occurring SUD/MH conditions, co-usage, and/or co-addiction.
10. Provide fellowships for addiction medicine specialists for direct patient care, instructors, and clinical research for treatments.
11. Provide funding and training for clinicians to obtain a waiver under the federal Drug Addiction Treatment Act of 2000 (DATA 2000) to prescribe MAT for OUD, and provide technical assistance and professional support to clinicians who have obtained a DATA 2000 waiver.
12. Support the dissemination of web-based training curricula, such as the American Academy of Addiction Psychiatry's Provider Clinical Support Service-Opioids web-based training curriculum and motivational interviewing.
13. Support the development and dissemination of new curricula, such as the American Academy of Addiction Psychiatry's Provider Clinical Support Service for Medication-Assisted Treatment.

B. SUPPORT PEOPLE IN TREATMENT AND RECOVERY

Support people in treatment for and recovery from OUD and any co-occurring SUD/MH conditions, co-usage, and/or co-addiction through evidence-based, evidence-informed, or promising programs or strategies that may include, but are not limited to, the following:

1. Provide the full continuum of care of recovery services for OUD and any co-occurring SUD/MH conditions, co-usage, and/or co-addiction, including supportive housing, residential treatment, medical detox services, peer support services and counseling, community navigators, case management, and connections to community-based services.
2. Provide counseling, peer-support, recovery case management and residential treatment with access to medications for those who need it to persons with OUD and any co-occurring SUD/MH conditions, co-usage, and/or co-addiction.

3. Provide access to housing for people with OUD and any co-occurring SUD/MH conditions, co-usage, and/or co-addiction, including supportive housing, recovery housing, housing assistance programs, or training for housing providers.
4. Provide community support services, including social and legal services, to assist in deinstitutionalizing persons with OUD and any co-occurring SUD/MH conditions, co-usage, and/or co-addiction.
5. Support or expand peer-recovery centers, which may include support groups, social events, computer access, or other services for persons with OUD and any co-occurring SUD/MH conditions, co-usage, and/or co-addiction.
6. Provide employment training or educational services for persons in treatment for or recovery from OUD and any co-occurring SUD/MH conditions, co-usage, and/or co-addiction.
7. Identify successful recovery programs such as physician, pilot, and college recovery programs, and provide support and technical assistance to increase the number and capacity of high-quality programs to help those in recovery.
8. Engage non-profits, faith-based communities, and community coalitions to support people in treatment and recovery and to support family members in their efforts to manage the opioid user in the family.
9. Provide training and development of procedures for government staff to appropriately interact and provide social and other services to current and recovering opioid users, including reducing stigma.
10. Support stigma reduction efforts regarding treatment and support for persons with OUD, including reducing the stigma on effective treatment.

C. CONNECT PEOPLE WHO NEED HELP TO THE HELP THEY NEED (CONNECTIONS TO CARE)

Provide connections to care for people who have – or are at risk of developing – OUD and any co-occurring SUD/MH conditions, co-usage, and/or co-addiction through evidence-based, evidence-informed, or promising programs or strategies that may include, but are not limited to, the following:

1. Ensure that health care providers are screening for OUD and other risk factors and know how to appropriately counsel and treat (or refer if necessary) a patient for OUD treatment.
2. Support Screening, Brief Intervention and Referral to Treatment (SBIRT) programs to reduce the transition from use to disorders.
3. Provide training and long-term implementation of SBIRT in key systems (health, schools, colleges, criminal justice, and probation), with a focus on youth and young adults when transition from misuse to opioid disorder is common.

4. Purchase automated versions of SBIRT and support ongoing costs of the technology.
5. Support training for emergency room personnel treating opioid overdose patients on post-discharge planning, including community referrals for MAT, recovery case management or support services.
6. Support hospital programs that transition persons with OUD and any co-occurring SUD/MH conditions, co-usage, and/or co-addiction, or persons who have experienced an opioid overdose, into community treatment or recovery services through a bridge clinic or similar approach.
7. Support crisis stabilization centers that serve as an alternative to hospital emergency departments for persons with OUD and any co-occurring SUD/MH conditions, co-usage, and/or co-addiction or persons that have experienced an opioid overdose.
8. Support the work of Emergency Medical Systems, including peer support specialists, to connect individuals to treatment or other appropriate services following an opioid overdose or other opioid-related adverse event.
9. Provide funding for peer support specialists or recovery coaches in emergency departments, detox facilities, recovery centers, recovery housing, or similar settings; offer services, supports, or connections to care to persons with OUD and any co-occurring SUD/MH conditions, co-usage, and/or co-addiction or to persons who have experienced an opioid overdose.
10. Provide funding for peer navigators, recovery coaches, care coordinators, or care managers that offer assistance to persons with OUD and any co-occurring SUD/MH conditions, co-usage, and/or co-addiction or to persons who have experienced on opioid overdose.
11. Create or support school-based contacts that parents can engage with to seek immediate treatment services for their child; and support prevention, intervention, treatment, and recovery programs focused on young people.
12. Develop and support best practices on addressing OUD in the workplace.
13. Support assistance programs for health care providers with OUD.
14. Engage non-profits and the faith community as a system to support outreach for treatment.
15. Support centralized call centers that provide information and connections to appropriate services and supports for persons with OUD and any co-occurring SUD/MH conditions, co-usage, and/or co-addiction.
16. Create or support intake and call centers to facilitate education and access to treatment, prevention, and recovery services for persons with OUD and any co-occurring SUD/MH conditions, co-usage, and/or co-addiction.

17. Develop or support a National Treatment Availability Clearinghouse – a multistate/nationally accessible database whereby health care providers can list locations for currently available in-patient and out-patient OUD treatment services that are accessible on a real-time basis by persons who seek treatment.

D. ADDRESS THE NEEDS OF CRIMINAL-JUSTICE-INVOLVED PERSONS

Address the needs of persons with OUD and any co-occurring SUD/MH conditions, co-usage, and/or co-addiction who are involved – or are at risk of becoming involved – in the criminal justice system through evidence-based, evidence-informed, or promising programs or strategies that may include, but are not limited to, the following:

1. Support pre-arrest or post-arrest diversion and deflection strategies for persons with OUD and any co-occurring SUD/MH conditions, co-usage, and/or co-addiction, including established strategies such as:
 - a. Self-referral strategies such as the Angel Programs or the Police Assisted Addiction Recovery Initiative (PAARI);
 - b. Active outreach strategies such as the Drug Abuse Response Team (DART) model;
 - c. “Naloxone Plus” strategies, which work to ensure that individuals who have received naloxone to reverse the effects of an overdose are then linked to treatment programs or other appropriate services;
 - d. Officer prevention strategies, such as the Law Enforcement Assisted Diversion (LEAD) model;
 - e. Officer intervention strategies such as the Leon County, Florida Adult Civil Citation Network or the Chicago Westside Narcotics Diversion to Treatment Initiative;
 - f. Co-responder and/or alternative responder models to address OUD-related 911 calls with greater SUD expertise and to reduce perceived barriers associated with law enforcement 911 responses; or
 - g. County prosecution diversion programs, including diversion officer salary, only for counties with a population of 50,000 or less. Any diversion services in matters involving opioids must include drug testing, monitoring, or treatment.
2. Support pre-trial services that connect individuals with OUD and any co-occurring SUD/MH conditions, co-usage, and/or co-addiction to evidence-informed treatment, including MAT, and related services.
3. Support treatment and recovery courts for persons with OUD and any co-occurring SUD/MH conditions, co-usage, and/or co-addiction, but only if these courts provide referrals to evidence-informed treatment, including MAT.

4. Provide evidence-informed treatment, including MAT, recovery support, or other appropriate services to individuals with OUD and any co-occurring SUD/MH conditions, co-usage, and/or co-addiction who are incarcerated in jail or prison.
5. Provide evidence-informed treatment, including MAT, recovery support, or other appropriate services to individuals with OUD and any co-occurring SUD/MH conditions, co-usage, and/or co-addiction who are leaving jail or prison have recently left jail or prison, are on probation or parole, are under community corrections supervision, or are in re-entry programs or facilities.
6. Support critical time interventions (CTI), particularly for individuals living with dual-diagnosis OUD/serious mental illness, and services for individuals who face immediate risks and service needs and risks upon release from correctional settings.
7. Provide training on best practices for addressing the needs of criminal-justice-involved persons with OUD and any co-occurring SUD/MH conditions, co-usage, and/or co-addiction to law enforcement, correctional, or judicial personnel or to providers of treatment, recovery, case management, or other services offered in connection with any of the strategies described in this section.

E. ADDRESS THE NEEDS OF PREGNANT OR PARENTING WOMEN AND THEIR FAMILIES, INCLUDING BABIES WITH NEONATAL ABSTINENCE SYNDROME

Address the needs of pregnant or parenting women with OUD and any co-occurring SUD/MH conditions, co-usage, and/or co-addiction, and the needs of their families, including babies with neonatal abstinence syndrome, through evidence-based, evidence-informed, or promising programs or strategies that may include, but are not limited to, the following:

1. Support evidence-based, evidence-informed, or promising treatment, including MAT, recovery services and supports, and prevention services for pregnant women – or women who could become pregnant – who have OUD and any co-occurring SUD/MH conditions, co-usage, and/or co-addiction, and other measures to educate and provide support to families affected by Neonatal Abstinence Syndrome.
2. Provide training for obstetricians or other healthcare personnel that work with pregnant women and their families regarding treatment of OUD and any co-occurring SUD/MH conditions, co-usage, and/or co-addiction.
3. Provide training to health care providers who work with pregnant or parenting women on best practices for compliance with federal requirements that children born with Neonatal Abstinence Syndrome get referred to appropriate services and receive a plan of safe care.
4. Provide enhanced support for children and family members suffering trauma as a result of addiction in the family; and offer trauma-informed behavioral health treatment for adverse childhood events.

5. Offer enhanced family supports and home-based wrap-around services to persons with OUD and any co-occurring SUD/MH conditions, co-usage, and/or co-addiction, including but not limited to parent skills training.
6. Support for Children’s Services – Fund additional positions and services, including supportive housing and other residential services, relating to children being removed from the home and/or placed in foster care due to custodial opioid use.

PART TWO: PREVENTION

F. PREVENT OVER-PRESCRIBING AND ENSURE APPROPRIATE PRESCRIBING AND DISPENSING OF OPIOIDS

Support efforts to prevent over-prescribing and ensure appropriate prescribing and dispensing of opioids through evidence-based, evidence-informed, or promising programs or strategies that may include, but are not limited to, the following:

1. Training for health care providers regarding safe and responsible opioid prescribing, dosing, and tapering patients off opioids.
2. Academic counter-detailing to educate prescribers on appropriate opioid prescribing.
3. Continuing Medical Education (CME) on appropriate prescribing of opioids.
4. Support for non-opioid pain treatment alternatives, including training providers to offer or refer to multi-modal, evidence-informed treatment of pain.
5. Support enhancements or improvements to Prescription Drug Monitoring Programs (PDMPs), including but not limited to improvements that:
 - a. Increase the number of prescribers using PDMPs;
 - b. Improve point-of-care decision-making by increasing the quantity, quality, or format of data available to prescribers using PDMPs or by improving the interface that prescribers use to access PDMP data, or both; or
 - c. Enable states to use PDMP data in support of surveillance or intervention strategies, including MAT referrals and follow-up for individuals identified within PDMP data as likely to experience OUD.
6. Development and implementation of a national PDMP – Fund development of a multistate/national PDMP that permits information sharing while providing appropriate safeguards on sharing of private health information, including but not limited to:
 - a. Integration of PDMP data with electronic health records, overdose episodes, and decision support tools for health care providers relating to OUD.

- b. Ensuring PDMPs incorporate available overdose/naloxone deployment data, including the United States Department of Transportation’s Emergency Medical Technician overdose database.
7. Increase electronic prescribing to prevent diversion or forgery.
8. Educate Dispensers on appropriate opioid dispensing.

G. PREVENT MISUSE OF OPIOIDS

Support efforts to discourage or prevent misuse of opioids through evidence-based, evidence-informed, or promising programs or strategies that may include, but are not limited to, the following:

1. Corrective advertising or affirmative public education campaigns based on evidence.
2. Public education relating to drug disposal.
3. Drug take-back disposal or destruction programs.
4. Fund community anti-drug coalitions that engage in drug prevention efforts.
5. Support community coalitions in implementing evidence-informed prevention, such as reduced social access and physical access, stigma reduction – including staffing, educational campaigns, support for people in treatment or recovery, or training of coalitions in evidence-informed implementation, including the Strategic Prevention Framework developed by the U.S. Substance Abuse and Mental Health Services Administration (SAMHSA).
6. Engage non-profits and faith-based communities as systems to support prevention.
7. Support evidence-informed school and community education programs and campaigns for students, families, school employees, school athletic programs, parent-teacher and student associations, and others.
8. School-based or youth-focused programs or strategies that have demonstrated effectiveness in preventing drug misuse and seem likely to be effective in preventing the uptake and use of opioids.
9. Support community-based education or intervention services for families, youth, and adolescents at risk for OUD and any co-occurring SUD/MH conditions, co-usage, and/or co-addiction.
10. Support evidence-informed programs or curricula to address mental health needs of young people who may be at risk of misusing opioids or other drugs, including emotional modulation and resilience skills.
11. Support greater access to mental health services and supports for young people, including services and supports provided by school nurses or other school staff, to

address mental health needs in young people that (when not properly addressed) increase the risk of opioid or other drug misuse.

H. PREVENT OVERDOSE DEATHS AND OTHER HARMS

Support efforts to prevent or reduce overdose deaths or other opioid-related harms through evidence-based, evidence-informed, or promising programs or strategies that may include, but are not limited to, the following:

1. Increase availability and distribution of naloxone and other drugs that treat overdoses for first responders, overdose patients, opioid users, families and friends of opioid users, schools, community navigators and outreach workers, drug offenders upon release from jail/prison, or other members of the general public.
2. Provision by public health entities of free naloxone to anyone in the community, including but not limited to provision of intra-nasal naloxone in settings where other options are not available or allowed.
3. Training and education regarding naloxone and other drugs that treat overdoses for first responders, overdose patients, patients taking opioids, families, schools, and other members of the general public.
4. Enable school nurses and other school staff to respond to opioid overdoses, and provide them with naloxone, training, and support.
5. Expand, improve, or develop data tracking software and applications for overdoses/naloxone revivals.
6. Public education relating to emergency responses to overdoses.
7. Public education relating to immunity and Good Samaritan laws.
8. Educate first responders regarding the existence and operation of immunity and Good Samaritan laws.
9. Expand access to testing and treatment for infectious diseases such as HIV and Hepatitis C resulting from intravenous opioid use.
10. Support mobile units that offer or provide referrals to treatment, recovery supports, health care, or other appropriate services to persons that use opioids or persons with OUD and any co-occurring SUD/MH conditions, co-usage, and/or co-addiction.
11. Provide training in treatment and recovery strategies to health care providers, students, peer recovery coaches, recovery outreach specialists, or other professionals that provide care to persons who use opioids or persons with OUD and any co-occurring SUD/MH conditions, co-usage, and/or co-addiction.
12. Support screening for fentanyl in routine clinical toxicology testing.

PART THREE: OTHER STRATEGIES

I. FIRST RESPONDERS

In addition to items C8, D1 through D7, H1, H3, and H8, support the following:

1. Current and future law enforcement expenditures relating to the opioid epidemic.
2. Educate law enforcement or other first responders regarding appropriate practices and precautions when dealing with fentanyl or other drugs.

J. LEADERSHIP, PLANNING AND COORDINATION

Support efforts to provide leadership, planning, and coordination to abate the opioid epidemic through activities, programs, or strategies that may include, but are not limited to, the following:

1. Community regional planning to identify goals for reducing harms related to the opioid epidemic, to identify areas and populations with the greatest needs for treatment intervention services, or to support other strategies to abate the opioid epidemic described in this opioid abatement strategy list.
2. A government dashboard to track key opioid-related indicators and supports as identified through collaborative community processes.
3. Invest in infrastructure or staffing at government or not-for-profit agencies to support collaborative, cross-system coordination with the purpose of preventing overprescribing, opioid misuse, or opioid overdoses, treating those with OUD and any co-occurring SUD/MH conditions, co-usage, and/or co-addiction, supporting them in treatment or recovery, connecting them to care, or implementing other strategies to abate the opioid epidemic described in this opioid abatement strategy list.
4. Provide resources to staff government oversight and management of opioid abatement programs.

K. TRAINING

In addition to the training referred to in various items above, support training to abate the opioid epidemic through activities, programs, or strategies that may include, but are not limited to, the following:

1. Provide funding for staff training or networking programs and services to improve the capability of government, community, and not-for-profit entities to abate the opioid crisis.
2. Invest in infrastructure and staffing for collaborative cross-system coordination to prevent opioid misuse, prevent overdoses, and treat those with OUD and any co-occurring SUD/MH conditions, co-usage, and/or co-addiction, or implement other

strategies to abate the opioid epidemic described in this opioid abatement strategy list (e.g., health care, primary care, pharmacies, PDMPs, etc.).

L. RESEARCH

Support opioid abatement research that may include, but is not limited to, the following:

1. Monitoring, surveillance, and evaluation of programs and strategies described in this opioid abatement strategy list.
2. Research non-opioid treatment of chronic pain.
3. Research on improved service delivery for modalities such as SBIRT that demonstrate promising but mixed results in populations vulnerable to opioid use disorders.
4. Research on innovative supply-side enforcement efforts such as improved detection of mail-based delivery of synthetic opioids.
5. Expanded research on swift/certain/fair models to reduce and deter opioid misuse within criminal justice populations that build upon promising approaches used to address other substances (e.g. Hawaii HOPE and Dakota 24/7).
6. Research on expanded modalities such as prescription methadone that can expand access to MAT.

EXHIBIT B

County	Local Government	% Allocation
<u>Adams County</u>		
	Adams County	0.1638732475%
	Hatton	
	Lind	
	Othello	
	Ritzville	
	Washtucna	
	County Total:	0.1638732475%
<u>Asotin County</u>		
	Asotin County	0.4694498386%
	Asotin	
	Clarkston	
	County Total:	0.4694498386%
<u>Benton County</u>		
	Benton County	1.4848831892%
	Benton City	
	Kennewick	0.5415650564%
	Prosser	
	Richland	0.4756779517%
	West Richland	0.0459360490%
	County Total:	2.5480622463%
<u>Chelan County</u>		
	Chelan County	0.7434914485%
	Cashmere	
	Chelan	
	Entiat	
	Leavenworth	
	Wenatchee	0.2968333494%
	County Total:	1.0403247979%
<u>Clallam County</u>		
	Clallam County	1.3076983401%
	Forks	
	Port Angeles	0.4598370527%
	Sequim	
	County Total:	1.7675353928%

EXHIBIT B

County	Local Government	% Allocation
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Clark County

Clark County		4.5149775326%
Battle Ground		0.1384729857%
Camas		0.2691592724%
La Center		
Ridgefield		
Vancouver		1.7306605325%
Washougal		0.1279328220%
Woodland***		
Yacolt		
County Total:		6.7812031452%

Columbia County

Columbia County		0.0561699537%
Dayton		
Starbuck		
County Total:		0.0561699537%

Cowlitz County

Cowlitz County		1.7226945990%
Castle Rock		
Kalama		
Kelso		0.1331145270%
Longview		0.6162736905%
Woodland***		
County Total:		2.4720828165%

Douglas County

Douglas County		0.3932175175%
Bridgeport		
Coulee Dam***		
East Wenatchee		0.0799810865%
Mansfield		
Rock Island		
Waterville		
County Total:		0.4731986040%

Ferry County

Ferry County		0.1153487994%
Republic		
County Total:		0.1153487994%

EXHIBIT B

County	Local Government	% Allocation
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Franklin County

Franklin County		0.3361237144%
Connell		
Kahlotus		
Mesa		
Pasco		0.4278056066%
County Total:		0.7639293210%

Garfield County

Garfield County		0.0321982209%
Pomeroy		
County Total:		0.0321982209%

Grant County

Grant County		0.9932572167%
Coulee City		
Coulee Dam***		
Electric City		
Ephrata		
George		
Grand Coulee		
Hartline		
Krupp		
Mattawa		
Moses Lake		0.2078293909%
Quincy		
Royal City		
Soap Lake		
Warden		
Wilson Creek		
County Total:		1.2010866076%

EXHIBIT B

County	Local Government	% Allocation
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Grays Harbor County

Grays Harbor County	0.9992429138%
Aberdeen	0.2491525333%
Cosmopolis	
Elma	
Hoquiam	
McCleary	
Montesano	
Oakville	
Ocean Shores	
Westport	
County Total:	1.2483954471%

Island County

Island County	0.6820422610%
Coupeville	
Langley	
Oak Harbor	0.2511550431%
County Total:	0.9331973041%

Jefferson County

Jefferson County	0.4417137380%
Port Townsend	
County Total:	0.4417137380%

EXHIBIT B

County	Local Government	% Allocation
King County		
	King County	13.9743722662%
	Algona	
	Auburn***	0.2622774917%
	Beaux Arts Village	
	Bellevue	1.1300592573%
	Black Diamond	
	Bothell***	0.1821602716%
	Burien	0.0270962921%
	Carnation	
	Clyde Hill	
	Covington	0.0118134406%
	Des Moines	0.1179764526%
	Duvall	
	Enumclaw***	0.0537768326%
	Federal Way	0.3061452240%
	Hunts Point	
	Issaquah	0.1876240107%
	Kenmore	0.0204441024%
	Kent	0.5377397676%
	Kirkland	0.5453525246%
	Lake Forest Park	0.0525439124%
	Maple Valley	0.0093761587%
	Medina	
	Mercer Island	0.1751797481%
	Milton***	
	Newcastle	0.0033117880%
	Normandy Park	
	North Bend	
	Pacific***	
	Redmond	0.4839486007%
	Renton	0.7652626920%
	Sammamish	0.0224369090%
	SeaTac	0.1481551278%
	Seattle	6.6032403816%
	Shoreline	0.0435834501%
	Skykomish	
	Snoqualmie	0.0649164481%
	Tukwila	0.3032205739%
	Woodinville	0.0185516364%
	Yarrow Point	
	County Total:	26.0505653608%

EXHIBIT B

County	Local Government	% Allocation
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Kitsap County

Kitsap County		2.6294133668%
Bainbridge Island		0.1364686014%
Bremerton		0.6193374389%
Port Orchard		0.1009497162%
Poulsbo		0.0773748246%
County Total:		3.5635439479%

Kittitas County

Kittitas County		0.3855704683%
Cle Elum		
Ellensburg		0.0955824915%
Kittitas		
Roslyn		
South Cle Elum		
County Total:		0.4811529598%

Klickitat County

Klickitat County		0.2211673457%
Bingen		
Goldendale		
White Salmon		
County Total:		0.2211673457%

Lewis County

Lewis County		1.0777377479%
Centralia		0.1909990353%
Chehalis		
Morton		
Mossyrock		
Napavine		
Pe Ell		
Toledo		
Vader		
Winlock		
County Total:		1.2687367832%

EXHIBIT B

County	Local Government	% Allocation
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Lincoln County

Lincoln County		0.1712669645%
Almira		
Creston		
Davenport		
Harrington		
Odessa		
Reardan		
Sprague		
Wilbur		
County Total:		0.1712669645%

Mason County

Mason County		0.8089918012%
Shelton		0.1239179888%
County Total:		0.9329097900%

Okanogan County

Okanogan County		0.6145043345%
Brewster		
Conconully		
Coulee Dam***		
Elmer City		
Nespelem		
Okanogan		
Omak		
Oroville		
Pateros		
Riverside		
Tonasket		
Twisp		
Winthrop		
County Total:		0.6145043345%

Pacific County

Pacific County		0.4895416466%
Ilwaco		
Long Beach		
Raymond		
South Bend		
County Total:		0.4895416466%

*** - Local Government appears in multiple counties B-7

EXHIBIT B

County	Local Government	% Allocation
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Pend Oreille County

Pend Oreille County		0.2566374940%
Cusick		
Ione		
Metaline		
Metaline Falls		
Newport		
County Total:		0.2566374940%

Pierce County

Pierce County		7.2310164020%
Auburn***		0.0628522112%
Bonney Lake		0.1190773864%
Buckley		
Carbonado		
DuPont		
Eatonville		
Edgewood		0.0048016791%
Enumclaw***		0.0000000000%
Fife		0.1955185481%
Fircrest		
Gig Harbor		0.0859963345%
Lakewood		0.5253640894%
Milton***		
Orting		
Pacific***		
Puyallup		0.3845704814%
Roy		
Ruston		
South Prairie		
Steilacoom		
Sumner		0.1083157569%
Tacoma		3.2816374617%
University Place		0.0353733363%
Wilkeson		
County Total:		12.0345236870%

San Juan County

San Juan County		0.2101495171%
Friday Harbor		
County Total:		0.2101495171%

EXHIBIT B

County	Local Government	% Allocation
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Skagit County

Skagit County		1.0526023961%
Anacortes		0.1774962906%
Burlington		0.1146861661%
Concrete		
Hamilton		
La Conner		
Lyman		
Mount Vernon		0.2801063665%
Sedro-Woolley		0.0661146351%
County Total:		1.6910058544%

Skamania County

Skamania County		0.1631931925%
North Bonneville		
Stevenson		
County Total:		0.1631931925%

Snohomish County

Snohomish County		6.9054415622%
Arlington		0.2620524080%
Bothell***		0.2654558588%
Brier		
Darrington		
Edmonds		0.3058936009%
Everett		1.9258363241%
Gold Bar		
Granite Falls		
Index		
Lake Stevens		0.1385202891%
Lynnwood		0.7704629214%
Marysville		0.3945067827%
Mill Creek		0.1227939546%
Monroe		0.1771621898%
Mountlake Terrace		0.2108935805%
Mukilteo		0.2561790702%
Snohomish		0.0861097964%
Stanwood		
Sultan		
Woodway		
County Total:		11.8213083387%

EXHIBIT B

County	Local Government	% Allocation
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Spokane County

Spokane County		5.5623859292%
Airway Heights		
Cheney		0.1238454349%
Deer Park		
Fairfield		
Latah		
Liberty Lake		0.0389636519%
Medical Lake		
Millwood		
Rockford		
Spangle		
Spokane		3.0872078287%
Spokane Valley		0.0684217500%
Waverly		
County Total:		8.8808245947%

Stevens County

Stevens County		0.7479240179%
Chewelah		
Colville		
Kettle Falls		
Marcus		
Northport		
Springdale		
County Total:		0.7479240179%

Thurston County

Thurston County		2.3258492094%
Bucoda		
Lacey		0.2348627221%
Olympia		0.6039423385%
Rainier		
Tenino		
Tumwater		0.2065982350%
Yelm		
County Total:		3.3712525050%

Wahkiakum County

Wahkiakum County		0.0596582197%
Cathlamet		
County Total:		0.0596582197%

EXHIBIT B

County	Local Government	% Allocation
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Walla Walla County

Walla Walla County		0.5543870294%
College Place		
Prescott		
Waitsburg		
Walla Walla		0.3140768654%
County Total:		0.8684638948%

Whatcom County

Whatcom County		1.3452637306%
Bellingham		0.8978614577%
Blaine		
Everson		
Ferndale		0.0646101891%
Lynden		0.0827115612%
Nooksack		
Sumas		
County Total:		2.3904469386%

Whitman County

Whitman County		0.2626805837%
Albion		
Colfax		
Colton		
Endicott		
Farmington		
Garfield		
LaCrosse		
Lamont		
Malden		
Oakesdale		
Palouse		
Pullman		0.2214837491%
Rosalia		
St. John		
Tekoa		
Uniontown		
County Total:		0.4841643328%

EXHIBIT B

County	Local Government	% Allocation
<u>Yakima County</u>		
	Yakima County	1.9388392959%
	Grandview	0.0530606109%
	Granger	
	Harrah	
	Mabton	
	Moxee	
	Naches	
	Selah	
	Sunnyside	0.1213478384%
	Tieton	
	Toppenish	
	Union Gap	
	Wapato	
	Yakima	0.6060410539%
	Zillah	
	County Total:	2.7192887991%

ATTACHMENT C

List of Opioid Remediation Uses

Schedule A

Core Strategies

Participating Subdivisions shall choose from among the abatement strategies listed in Schedule B. However, priority shall be given to the following core abatement strategies (“*Core Strategies*”).

- A. NALOXONE OR OTHER FDA-APPROVED DRUG TO REVERSE OPIOID OVERDOSES
 - 1. Expand³ training for first responders, schools, community support groups and families; and
 - 2. Increase distribution to individuals who are uninsured or whose insurance does not cover the needed service.

- B. MEDICATION-ASSISTED TREATMENT (“MAT”) DISTRIBUTION AND OTHER OPIOID-RELATED TREATMENT
 - 1. Increase distribution of MAT to individuals who are uninsured or whose insurance does not cover the needed service;
 - 2. Provide education to school-based and youth-focused programs that discourage or prevent misuse;
 - 3. Provide MAT education and awareness training to healthcare providers, EMTs, law enforcement, and other first responders; and
 - 4. Provide treatment and recovery support services such as residential and inpatient treatment, intensive outpatient treatment, outpatient therapy or counseling, and recovery housing that allow or integrate medication and with other support services.

- C. PREGNANT & POSTPARTUM WOMEN

³ As used in this Exhibit D, words like “expand,” “fund,” “provide” or the like shall not indicate a preference for new or existing programs.

1. Expand Screening, Brief Intervention, and Referral to Treatment (“SBIRT”) services to non-Medicaid eligible or uninsured pregnant women;
 2. Expand comprehensive evidence-based treatment and recovery services, including MAT, for women with co- occurring Opioid Use Disorder (“OUD”) and other Substance Use Disorder (“SUD”)/Mental Health disorders for uninsured individuals for up to 12 months postpartum; and
 3. Provide comprehensive wrap-around services to individuals with OUD, including housing, transportation, job placement/training, and childcare.
- D. EXPANDING TREATMENT FOR NEONATAL ABSTINENCE SYNDROME (“NAS”)
1. Expand comprehensive evidence-based and recovery support for NAS babies;
 2. Expand services for better continuum of care with infant- need dyad; and
 3. Expand long-term treatment and services for medical monitoring of NAS babies and their families.
- E. EXPANSION OF WARM HAND-OFF PROGRAMS AND RECOVERY SERVICES
1. Expand services such as navigators and on-call teams to begin MAT in hospital emergency departments;
 2. Expand warm hand-off services to transition to recovery services;
 3. Broaden scope of recovery services to include co-occurring SUD or mental health conditions;
 4. Provide comprehensive wrap-around services to individuals in recovery, including housing, transportation, job placement/training, and childcare; and
 5. Hire additional social workers or other behavioral health workers to facilitate expansions above.
- F. TREATMENT FOR INCARCERATED POPULATION

1. Provide evidence-based treatment and recovery support, including MAT for persons with OUD and co-occurring SUD/MH disorders within and transitioning out of the criminal justice system; and
2. Increase funding for jails to provide treatment to inmates with OUD.

G. PREVENTION PROGRAMS

1. Funding for media campaigns to prevent opioid use (similar to the FDA’s “Real Cost” campaign to prevent youth from misusing tobacco);
2. Funding for evidence-based prevention programs in schools;
3. Funding for medical provider education and outreach regarding best prescribing practices for opioids consistent with the 2016 CDC guidelines, including providers at hospitals (academic detailing);
4. Funding for community drug disposal programs; and
5. Funding and training for first responders to participate in pre- arrest diversion programs, post-overdose response teams, or similar strategies that connect at-risk individuals to behavioral health services and supports.

H. EXPANDING SYRINGE SERVICE PROGRAMS

1. Provide comprehensive syringe services programs with more wrap-around services, including linkage to OUD treatment, access to sterile syringes and linkage to care and treatment of infectious diseases.

I. EVIDENCE-BASED DATA COLLECTION AND RESEARCH ANALYZING THE EFFECTIVENESS OF THE ABATEMENT STRATEGIES WITHIN THE STATE

**Schedule B
Approved Uses**

Support treatment of Opioid Use Disorder (OUD) and any co-occurring Substance Use Disorder or Mental Health (SUD/MH) conditions through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, the following:

PART ONE: TREATMENT

A. TREAT OPIOID USE DISORDER (OUD)

Support treatment of Opioid Use Disorder (“OUD”) and any co-occurring Substance Use Disorder or Mental Health (“SUD/MH”) conditions through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, those that:⁴

1. Expand availability of treatment for OUD and any co-occurring SUD/MH conditions, including all forms of Medication-Assisted Treatment (“MAT”) approved by the U.S. Food and Drug Administration.
2. Support and reimburse evidence-based services that adhere to the American Society of Addiction Medicine (“ASAM”) continuum of care for OUD and any co-occurring SUD/MH conditions.
3. Expand telehealth to increase access to treatment for OUD and any co-occurring SUD/MH conditions, including MAT, as well as counseling, psychiatric support, and other treatment and recovery support services.
4. Improve oversight of Opioid Treatment Programs (“OTPs”) to assure evidence-based or evidence-informed practices such as adequate methadone dosing and low threshold approaches to treatment.
5. Support mobile intervention, treatment, and recovery services, offered by qualified professionals and service providers, such as peer recovery coaches, for persons with OUD and any co-occurring SUD/MH conditions and for persons who have experienced an opioid overdose.
6. Provide treatment of trauma for individuals with OUD (e.g., violence, sexual assault, human trafficking, or adverse childhood experiences) and family members (e.g., surviving family members after an overdose or overdose fatality), and training of health care personnel to identify and address such trauma.
7. Support evidence-based withdrawal management services for people with OUD and any co-occurring mental health conditions.
8. Provide training on MAT for health care providers, first responders, students, or other supporting professionals, such as peer recovery coaches or recovery outreach specialists, including telementoring to assist community-based providers in rural or underserved areas.

⁴ As used in this Schedule B, words like “expand,” “fund,” “provide” or the like shall not indicate a preference for new or existing programs.

9. Support workforce development for addiction professionals who work with persons with OUD and any co-occurring SUD/MH conditions.
10. Offer fellowships for addiction medicine specialists for direct patient care, instructors, and clinical research for treatments.
11. Offer scholarships and supports for behavioral health practitioners or workers involved in addressing OUD and any co-occurring SUD/MH or mental health conditions, including, but not limited to, training, scholarships, fellowships, loan repayment programs, or other incentives for providers to work in rural or underserved areas.
12. Provide funding and training for clinicians to obtain a waiver under the federal Drug Addiction Treatment Act of 2000 (“DATA 2000”) to prescribe MAT for OUD, and provide technical assistance and professional support to clinicians who have obtained a DATA 2000 waiver.
13. Disseminate web-based training curricula, such as the American Academy of Addiction Psychiatry’s Provider Clinical Support Service-Opioids web-based training curriculum and motivational interviewing.
14. Develop and disseminate new curricula, such as the American Academy of Addiction Psychiatry’s Provider Clinical Support Service for Medication-Assisted Treatment.

B. SUPPORT PEOPLE IN TREATMENT AND RECOVERY

Support people in recovery from OUD and any co-occurring SUD/MH conditions through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, the programs or strategies that:

1. Provide comprehensive wrap-around services to individuals with OUD and any co-occurring SUD/MH conditions, including housing, transportation, education, job placement, job training, or childcare.
2. Provide the full continuum of care of treatment and recovery services for OUD and any co-occurring SUD/MH conditions, including supportive housing, peer support services and counseling, community navigators, case management, and connections to community-based services.
3. Provide counseling, peer-support, recovery case management and residential treatment with access to medications for those who need it to persons with OUD and any co-occurring SUD/MH conditions.

4. Provide access to housing for people with OUD and any co-occurring SUD/MH conditions, including supportive housing, recovery housing, housing assistance programs, training for housing providers, or recovery housing programs that allow or integrate FDA-approved medication with other support services.
5. Provide community support services, including social and legal services, to assist in deinstitutionalizing persons with OUD and any co-occurring SUD/MH conditions.
6. Support or expand peer-recovery centers, which may include support groups, social events, computer access, or other services for persons with OUD and any co-occurring SUD/MH conditions.
7. Provide or support transportation to treatment or recovery programs or services for persons with OUD and any co-occurring SUD/MH conditions.
8. Provide employment training or educational services for persons in treatment for or recovery from OUD and any co-occurring SUD/MH conditions.
9. Identify successful recovery programs such as physician, pilot, and college recovery programs, and provide support and technical assistance to increase the number and capacity of high-quality programs to help those in recovery.
10. Engage non-profits, faith-based communities, and community coalitions to support people in treatment and recovery and to support family members in their efforts to support the person with OUD in the family.
11. Provide training and development of procedures for government staff to appropriately interact and provide social and other services to individuals with or in recovery from OUD, including reducing stigma.
12. Support stigma reduction efforts regarding treatment and support for persons with OUD, including reducing the stigma on effective treatment.
13. Create or support culturally appropriate services and programs for persons with OUD and any co-occurring SUD/MH conditions, including new Americans.
14. Create and/or support recovery high schools.
15. Hire or train behavioral health workers to provide or expand any of the services or supports listed above.

C. CONNECT PEOPLE WHO NEED HELP TO THE HELP THEY NEED
(CONNECTIONS TO CARE)

Provide connections to care for people who have—or are at risk of developing—
OUD and any co-occurring SUD/MH conditions through evidence-based or
evidence-informed programs or strategies that may include, but are not limited to,
those that:

1. Ensure that health care providers are screening for OUD and other risk factors and know how to appropriately counsel and treat (or refer if necessary) a patient for OUD treatment.
2. Fund SBIRT programs to reduce the transition from use to disorders, including SBIRT services to pregnant women who are uninsured or not eligible for Medicaid.
3. Provide training and long-term implementation of SBIRT in key systems (health, schools, colleges, criminal justice, and probation), with a focus on youth and young adults when transition from misuse to opioid disorder is common.
4. Purchase automated versions of SBIRT and support ongoing costs of the technology.
5. Expand services such as navigators and on-call teams to begin MAT in hospital emergency departments.
6. Provide training for emergency room personnel treating opioid overdose patients on post-discharge planning, including community referrals for MAT, recovery case management or support services.
7. Support hospital programs that transition persons with OUD and any co-occurring SUD/MH conditions, or persons who have experienced an opioid overdose, into clinically appropriate follow-up care through a bridge clinic or similar approach.
8. Support crisis stabilization centers that serve as an alternative to hospital emergency departments for persons with OUD and any co-occurring SUD/MH conditions or persons that have experienced an opioid overdose.
9. Support the work of Emergency Medical Systems, including peer support specialists, to connect individuals to treatment or other appropriate services following an opioid overdose or other opioid-related adverse event.

10. Provide funding for peer support specialists or recovery coaches in emergency departments, detox facilities, recovery centers, recovery housing, or similar settings; offer services, supports, or connections to care to persons with OUD and any co-occurring SUD/MH conditions or to persons who have experienced an opioid overdose.
11. Expand warm hand-off services to transition to recovery services.
12. Create or support school-based contacts that parents can engage with to seek immediate treatment services for their child; and support prevention, intervention, treatment, and recovery programs focused on young people.
13. Develop and support best practices on addressing OUD in the workplace.
14. Support assistance programs for health care providers with OUD.
15. Engage non-profits and the faith community as a system to support outreach for treatment.
16. Support centralized call centers that provide information and connections to appropriate services and supports for persons with OUD and any co-occurring SUD/MH conditions.

D. ADDRESS THE NEEDS OF CRIMINAL JUSTICE-INVOLVED PERSONS

Address the needs of persons with OUD and any co-occurring SUD/MH conditions who are involved in, are at risk of becoming involved in, or are transitioning out of the criminal justice system through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, those that:

1. Support pre-arrest or pre-arraignment diversion and deflection strategies for persons with OUD and any co-occurring SUD/MH conditions, including established strategies such as:
 1. Self-referral strategies such as the Angel Programs or the Police Assisted Addiction Recovery Initiative (“PAARI”);
 2. Active outreach strategies such as the Drug Abuse Response Team (“DART”) model;
 3. “Naloxone Plus” strategies, which work to ensure that individuals who have received naloxone to reverse the effects of an overdose are then linked to treatment programs or other appropriate services;

4. Officer prevention strategies, such as the Law Enforcement Assisted Diversion (“LEAD”) model;
 5. Officer intervention strategies such as the Leon County, Florida Adult Civil Citation Network or the Chicago Westside Narcotics Diversion to Treatment Initiative; or
 6. Co-responder and/or alternative responder models to address OUD-related 911 calls with greater SUD expertise.
2. Support pre-trial services that connect individuals with OUD and any co-occurring SUD/MH conditions to evidence-informed treatment, including MAT, and related services.
 3. Support treatment and recovery courts that provide evidence-based options for persons with OUD and any co-occurring SUD/MH conditions.
 4. Provide evidence-informed treatment, including MAT, recovery support, harm reduction, or other appropriate services to individuals with OUD and any co-occurring SUD/MH conditions who are incarcerated in jail or prison.
 5. Provide evidence-informed treatment, including MAT, recovery support, harm reduction, or other appropriate services to individuals with OUD and any co-occurring SUD/MH conditions who are leaving jail or prison or have recently left jail or prison, are on probation or parole, are under community corrections supervision, or are in re-entry programs or facilities.
 6. Support critical time interventions (“CTI”), particularly for individuals living with dual-diagnosis OUD/serious mental illness, and services for individuals who face immediate risks and service needs and risks upon release from correctional settings.
 7. Provide training on best practices for addressing the needs of criminal justice-involved persons with OUD and any co-occurring SUD/MH conditions to law enforcement, correctional, or judicial personnel or to providers of treatment, recovery, harm reduction, case management, or other services offered in connection with any of the strategies described in this section.

E. ADDRESS THE NEEDS OF PREGNANT OR PARENTING WOMEN AND THEIR FAMILIES, INCLUDING BABIES WITH NEONATAL ABSTINENCE SYNDROME

Address the needs of pregnant or parenting women with OUD and any co-occurring SUD/MH conditions, and the needs of their families, including babies with neonatal abstinence syndrome (“NAS”), through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, those that:

1. Support evidence-based or evidence-informed treatment, including MAT, recovery services and supports, and prevention services for pregnant women-or women who could become pregnant-who have OUD and any co-occurring SUD/MH conditions, and other measures to educate and provide support to families affected by Neonatal Abstinence Syndrome.
2. Expand comprehensive evidence-based treatment and recovery services, including MAT, for uninsured women with OUD and any co-occurring SUD/MH conditions for up to 12 months postpartum.
3. Provide training for obstetricians or other healthcare personnel who work with pregnant women and their families regarding treatment of OUD and any co-occurring SUD/MH conditions.
4. Expand comprehensive evidence-based treatment and recovery support for NAS babies; expand services for better continuum of care with infant-need dyad; and expand long-term treatment and services for medical monitoring of NAS babies and their families.
5. Provide training to health care providers who work with pregnant or parenting women on best practices for compliance with federal requirements that children born with NAS get referred to appropriate services and receive a plan of safe care.
6. Provide child and family supports for parenting women with OUD and any co- occurring SUD/MH conditions.
7. Provide enhanced family support and child care services for parents with OUD and any co-occurring SUD/MH conditions.
8. Provide enhanced support for children and family members suffering trauma as a result of addiction in the family; and offer trauma-informed behavioral health treatment for adverse childhood events.
9. Offer home-based wrap-around services to persons with OUD and any co-occurring SUD/MH conditions, including, but not limited to, parent skills training.

10. Provide support for Children’s Services-Fund additional positions and services, including supportive housing and other residential services, relating to children being removed from the home and/or placed in foster care due to custodial opioid use.

PART TWO: PREVENTION

F. PREVENT OVER-PRESCRIBING AND ENSURE APPROPRIATE PRESCRIBING AND DISPENSING OF OPIOIDS

Support efforts to prevent over-prescribing and ensure appropriate prescribing and dispensing of opioids through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, the following:

1. Funding medical provider education and outreach regarding best prescribing practices for opioids consistent with the Guidelines for Prescribing Opioids for Chronic Pain from the U.S. Centers for Disease Control and Prevention, including providers at hospitals (academic detailing).
2. Training for health care providers regarding safe and responsible opioid prescribing, dosing, and tapering patients off opioids.
3. Continuing Medical Education (CME) on appropriate prescribing of opioids.
4. Providing Support for non-opioid pain treatment alternatives, including training providers to offer or refer to multi-modal, evidence-informed treatment of pain.
5. Supporting enhancements or improvements to Prescription Drug Monitoring Programs (“PDMPs”), including, but not limited to, improvements that:
 1. Increase the number of prescribers using PDMPs;
 2. Improve point-of-care decision-making by increasing the quantity, quality, or format of data available to prescribers using PDMPs, by improving the interface that prescribers use to access PDMP data, or both; or
 3. Enable states to use PDMP data in support of surveillance or intervention strategies, including MAT referrals and follow-up for individuals identified within PDMP data as likely to experience

OD in a manner that complies with all relevant privacy and security laws and rules.

6. Ensuring PDMPs incorporate available overdose/naloxone deployment data, including the United States Department of Transportation's Emergency Medical Technician overdose database in a manner that complies with all relevant privacy and security laws and rules.
7. Increasing electronic prescribing to prevent diversion or forgery.
8. Educating dispensers on appropriate opioid dispensing.

G. PREVENT MISUSE OF OPIOIDS

Support efforts to discourage or prevent misuse of opioids through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, the following:

1. Funding media campaigns to prevent opioid misuse.
2. Corrective advertising or affirmative public education campaigns based on evidence.
3. Public education relating to drug disposal.
4. Drug take-back disposal or destruction programs.
5. Funding community anti-drug coalitions that engage in drug prevention efforts.
6. Supporting community coalitions in implementing evidence-informed prevention, such as reduced social access and physical access, stigma reduction-including staffing, educational campaigns, support for people in treatment or recovery, or training of coalitions in evidence-informed implementation, including the Strategic Prevention Framework developed by the U.S. Substance Abuse and Mental Health Services Administration ("SAMHSA").
7. Engaging non-profits and faith-based communities as systems to support prevention.
8. Funding evidence-based prevention programs in schools or evidence-informed school and community education programs and campaigns for students, families, school employees, school athletic programs, parent-teacher and student associations, and others.

9. School-based or youth-focused programs or strategies that have demonstrated effectiveness in preventing drug misuse and seem likely to be effective in preventing the uptake and use of opioids.
10. Create or support community-based education or intervention services for families, youth, and adolescents at risk for OUD and any co-occurring SUD/MH conditions.
11. Support evidence-informed programs or curricula to address mental health needs of young people who may be at risk of misusing opioids or other drugs, including emotional modulation and resilience skills.
12. Support greater access to mental health services and supports for young people, including services and supports provided by school nurses, behavioral health workers or other school staff, to address mental health needs in young people that (when not properly addressed) increase the risk of opioid or another drug misuse.

H. PREVENT OVERDOSE DEATHS AND OTHER HARMS (HARM REDUCTION)

Support efforts to prevent or reduce overdose deaths or other opioid-related harms through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, the following:

1. Increased availability and distribution of naloxone and other drugs that treat overdoses for first responders, overdose patients, individuals with OUD and their friends and family members, schools, community navigators and outreach workers, persons being released from jail or prison, or other members of the general public.
2. Public health entities providing free naloxone to anyone in the community.
3. Training and education regarding naloxone and other drugs that treat overdoses for first responders, overdose patients, patients taking opioids, families, schools, community support groups, and other members of the general public.
4. Enabling school nurses and other school staff to respond to opioid overdoses, and provide them with naloxone, training, and support.
5. Expanding, improving, or developing data tracking software and applications for overdoses/naloxone revivals.
6. Public education relating to emergency responses to overdoses.

7. Public education relating to immunity and Good Samaritan laws.
8. Educating first responders regarding the existence and operation of immunity and Good Samaritan laws.
9. Syringe service programs and other evidence-informed programs to reduce harms associated with intravenous drug use, including supplies, staffing, space, peer support services, referrals to treatment, fentanyl checking, connections to care, and the full range of harm reduction and treatment services provided by these programs.
10. Expanding access to testing and treatment for infectious diseases such as HIV and Hepatitis C resulting from intravenous opioid use.
11. Supporting mobile units that offer or provide referrals to harm reduction services, treatment, recovery supports, health care, or other appropriate services to persons that use opioids or persons with OUD and any co-occurring SUD/MH conditions.
12. Providing training in harm reduction strategies to health care providers, students, peer recovery coaches, recovery outreach specialists, or other professionals that provide care to persons who use opioids or persons with OUD and any co-occurring SUD/MH conditions.
13. Supporting screening for fentanyl in routine clinical toxicology testing.

PART THREE: OTHER STRATEGIES

I. FIRST RESPONDERS

In addition to items in section C, D and H relating to first responders, support the following:

1. Education of law enforcement or other first responders regarding appropriate practices and precautions when dealing with fentanyl or other drugs.
2. Provision of wellness and support services for first responders and others who experience secondary trauma associated with opioid-related emergency events.

J. LEADERSHIP, PLANNING AND COORDINATION

Support efforts to provide leadership, planning, coordination, facilitations, training and technical assistance to abate the opioid epidemic through activities, programs, or strategies that may include, but are not limited to, the following:

1. Statewide, regional, local or community regional planning to identify root causes of addiction and overdose, goals for reducing harms related to the opioid epidemic, and areas and populations with the greatest needs for treatment intervention services, and to support training and technical assistance and other strategies to abate the opioid epidemic described in this opioid abatement strategy list.
2. A dashboard to (a) share reports, recommendations, or plans to spend opioid settlement funds; (b) to show how opioid settlement funds have been spent; (c) to report program or strategy outcomes; or (d) to track, share or visualize key opioid- or health-related indicators and supports as identified through collaborative statewide, regional, local or community processes.
3. Invest in infrastructure or staffing at government or not-for-profit agencies to support collaborative, cross-system coordination with the purpose of preventing overprescribing, opioid misuse, or opioid overdoses, treating those with OUD and any co-occurring SUD/MH conditions, supporting them in treatment or recovery, connecting them to care, or implementing other strategies to abate the opioid epidemic described in this opioid abatement strategy list.
4. Provide resources to staff government oversight and management of opioid abatement programs.

K. TRAINING

In addition to the training referred to throughout this document, support training to abate the opioid epidemic through activities, programs, or strategies that may include, but are not limited to, those that:

1. Provide funding for staff training or networking programs and services to improve the capability of government, community, and not-for-profit entities to abate the opioid crisis.
2. Support infrastructure and staffing for collaborative cross-system coordination to prevent opioid misuse, prevent overdoses, and treat those with OUD and any co- occurring SUD/MH conditions, or implement other strategies to abate the opioid epidemic described in this opioid abatement strategy list (e.g., health care, primary care, pharmacies, PDMPs, etc.).

L. RESEARCH

Support opioid abatement research that may include, but is not limited to, the following:

1. Monitoring, surveillance, data collection and evaluation of programs and strategies described in this opioid abatement strategy list.
2. Research non-opioid treatment of chronic pain.
3. Research on improved service delivery for modalities such as SBIRT that demonstrate promising but mixed results in populations vulnerable to opioid use disorders.
4. Research on novel harm reduction and prevention efforts such as the provision of fentanyl test strips.
5. Research on innovative supply-side enforcement efforts such as improved detection of mail-based delivery of synthetic opioids.
6. Expanded research on swift/certain/fair models to reduce and deter opioid misuse within criminal justice populations that build upon promising approaches used to address other substances (e.g., Hawaii HOPE and Dakota 24/7).
7. Epidemiological surveillance of OUD-related behaviors in critical populations, including individuals entering the criminal justice system, including, but not limited to approaches modeled on the Arrestee Drug Abuse Monitoring (“ADAM”) system.
8. Qualitative and quantitative research regarding public health risks and harm reduction opportunities within illicit drug markets, including surveys of market participants who sell or distribute illicit opioids.
9. Geospatial analysis of access barriers to MAT and their association with treatment engagement and treatment outcomes.



Memorandum

Date: 4/7/2026
Meeting of: City Council

File No. AM No. 26-055
Type: Staff Report

TO: Members of the City Council
FROM: Mayor Angela Birney
DEPARTMENT DIRECTOR CONTACT(S):

Planning and Community Development	Carol Helland	425-556-2107
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DEPARTMENT STAFF:

Planning and Community Development	Seraphie Allen	Deputy Director
Planning and Community Development	Michael Hintze	Transportation Planning Manager
Planning and Community Development	Caroline Chapman	TDM Program Manager
Planning and Community Development	LaNaya Taylor	TDM Program Administrator

TITLE:
2026 Transportation Demand Management Overview

OVERVIEW STATEMENT:

This memo provides an overview of the City’s 2026 Transportation Demand Management (TDM) initiatives that are a part of the Go Redmond program. Transportation Demand Management (TDM) is a set of resources and programs designed to reduce vehicle trips, especially drive-alone trips, and focuses on improving mobility, reducing congestion, and making more efficient use of existing transportation infrastructure. The City of Redmond is committed to creating a livable community with an accessible transportation network for residents of all ages, abilities, and incomes.

The City’s Go Redmond program aims to expand mobility options, encourage mode shift through education and incentives, reduce single-occupancy vehicle use, and improve multimodal connections. While Redmond’s TDM efforts originally focused on employee commute trips, Go Redmond has expanded offerings to include elementary schools via the SchoolPool program, outreach to low income and senior populations via a partnership with Hopelink, supporting and aligning Police’s parking enforcement efforts with policies to better manage parking resources; piloting enhanced transit service from Metro such as MetroFlex, Community Van, and the new RedLink pilot program.

With the new Crosslake light rail service coming in March, Go Redmond will focus on supporting resident connections to light rail stations from their neighborhood. Staff will give a brief overview of the TDM Program and then share changes and new resources that will be available in the next year.

Additional Background Information/Description of Proposal Attached

REQUESTED ACTION:

- Receive Information
- Provide Direction
- Approve

REQUEST RATIONALE:

- **Relevant Plans/Policies:**
 - **Redmond 2050, FW-TR-1:** Plan, design, build, operate, and maintain a safe transportation system that advances an equitable, inclusive, sustainable, and resilient community by providing for the mobility and access needs of all.
 - **TR-14:** Prioritize transportation investments that reduce household transportation costs, such as investments in transit, bicycle and pedestrian system access, capacity, and safety.
 - **TR-16:** Prioritize the comfort, safety, and convenience of people using pedestrian and bicycle facilities over other users of the transportation system. Establish standards for bicycle and pedestrian facilities to attract users of all ages and abilities. Prioritize improvements that address safety concerns, connect to centers or transit, create safe routes to school, and improve independent mobility for those who rely disproportionately on the pedestrian and bicycle network
 - **Redmond 2050, FW-TR-4:** Plan, design, build, operate, and maintain a transportation system that supports the City’s sustainability principles.
 - **Redmond 2050, FW-TR-5:** Influence regional transportation decisions and leverage regional transportation investments in support of Redmond’s transportation policy objectives.
 - **Redmond 2050, FW-EV-2:** Support policies that contribute to a high quality of life in Redmond, such as career and education opportunities, housing, transportation, and recreation choices, as well as a healthy natural environment.
 - **Redmond 2050, FW-CR-1:** Develop partnerships and programs to rapidly and equitably reduce greenhouse gas emissions and create a thriving, climate resilient community.
 - **TMP TDM Strategy 1:** Reduce the number of trips starting and ending in Redmond that utilize drive-alone methods and shift trip method choice to transit, carpooling, biking (or other micromobility), and walking through education and incentives
 - **TMP TDM Strategy 4:** Support parking changes that encourage individuals to consider non-drive-alone transportation options.
 - **TMP TDM Strategy 5:** Emphasize transportation demand management strategies to combat traffic congestion and safety concerns in school zones throughout Redmond.
 - Redmond Transportation Management Program and Washington State Commute Trip Reduction Law
- **Required:**
N/A
- **Council Request:**
N/A
- **Other Key Facts:**
N/A

OUTCOMES:

Informational Only

COMMUNITY/STAKEHOLDER OUTREACH AND INVOLVEMENT:

- **Timeline (previous or planned):**
N/A
- **Outreach Methods and Results:**
N/A
- **Feedback Summary:**
N/A

BUDGET IMPACT:

Total Cost:

Staff working on TDM programs are funded through the adopted budget.

Approved in current biennial budget: Yes No N/A

Budget Offer Number:

0000310-Mobility of People and Goods

Budget Priority :

Vibrant and Connected

Other budget impacts or additional costs: Yes No N/A

If yes, explain:

N/A

Funding source(s):

King County Metro Contract

Budget/Funding Constraints:

N/A

Additional budget details attached

COUNCIL REVIEW:

Previous Contact(s)

Date	Meeting	Requested Action
3/17/2026	Committee of the Whole - Public Safety and Human Services	Receive Information

Proposed Upcoming Contact(s)

Date	Meeting	Requested Action
N/A	None proposed at this time	N/A

Time Constraints:

N/A

ANTICIPATED RESULT IF NOT APPROVED:

N/A

ATTACHMENTS:

Attachment A: Transportation Demand Management Resources & Programs

Attachment B: Staff Report Slides

Attachment A

City of Redmond Transportation Demand Management Resources & Programs:

The City of Redmond's TDM team works within the Transportation Planning and Engineering Division. Together, they partner with other city departments, WSDOT, Metro, Sound Transit, Move Redmond TMA, and more to enhance transportation options for Redmond residents, employees, and visitors. The following is a list of resources and programs that the TDM Staff has stood up or supported to enhance mobility and promote a more sustainable transportation network.

1. Community Van

Redmond's Community Van program is a flexible, shared ride option for preplanned short trips, errands, and group outings within a two hour distance. A King County provided community van ride is \$3.00 fare, the same as taking transit. The community van is available to anyone in the community to use once they've completed online training.

Key points:

- Supports neighborhood mobility and reduces reliance on personal vehicles
- Offers low-cost, prescheduled trips operated by vetted volunteer drivers
- Complements fixed-route transit and Metro Flex service in lower density areas

2. Metro Flex

Metro Flex is a demand-responsive service that is currently operating in the Overlake neighborhood (only partially within City of Redmond). This service offers connections within the service area, which includes the two light rail stations in Overlake.

Key points:

- On-demand, app-based transportation with coverage across multiple service zones
- Integration with ORCA payment
- Bridging first-mile/last-mile gaps where fixed routes are limited
- Increased reliability and reduced wait times anticipated with 2026 system updates

3. RedLink

RedLink provides first/last mile connections from neighborhoods, the Willows Corridor, and SE Redmond to light rail in downtown Redmond and Marymoor. This is a free on-demand service intended to help improve access to the downtown and Marymoor Village light rails stations.

Key points:

- Complements King County Metro fixed route bus service
- Pilot program with funding through June 30th, 2027

Attachment A

- Actively pursuing a funding strategy to continue service when pilot ends assuming data shows sustained healthy demand.

4. Lime Scooters and E-bikes

Shared e-bikes and e-scooters will continue to be part of the City's micromobility network, supporting short-distance travel and improving access to transit light rail stations.

Key Points:

- First/last mile promotion through King County Metro's Bike & Scoot to Transit program reduces cost of fares
- Targeted deployments near light rail stations, commercial areas, and high ridership corridors
- Safety campaigns and coordination with Lime to address rider behavior and compliance
- Seeing about 5,000-10,000 trips/mo depending on time of year

6. Neighborhood Connection Program

Launching with the Crosslake light rail connection, a new TDM initiative will focus on first/last mile neighborhood transit connections to light rail and outreach in Redmond's residential neighborhoods.

Key Points:

- Neighborhood-focused marketing that provides neighborhood-specific transit information that educates residents on how to connect the light rail.
- Multilingual materials covering how to use ORCA, trip planning apps, micromobility options, and limited ORCA card distribution.

7. Shared Bike Locker Pilot Program

Piloting bike lockers in several locations in downtown to provide secure bike parking for longer stays. The system will be similar to what is currently at light rail stations and use the same app to access. Lockers are anticipated to be in place summer of 2026.

8. E-Bike Giveaway and Education

The City of Redmond partnered with the City of Bellevue to secure a Puget Sound Energy grant to fund e-bike rebates. A total of 83 rebates will be given to Redmond residents, 65% of which will be for income-qualified individuals/households. Staff are having ongoing discussions with potential partners to provide e-bike education for rebate recipients.

Attachment A

9. Ongoing TDM Programs:

- Redmond School Pool: Safe Routes to School program hosted at all Redmond Elementary Schools in October and May.
- Go Redmond Employer Grant Program: Grants for businesses to enhance their transportation options on site-such as bike locker rooms, transit passes, etc.
- Commute Trip Reduction Program: Employers with 100+ staff are required by Washington State Law to have a Commute Trip Reduction Program. City staff help implement and manage this program for Redmond.

2025/2026 Programs and Pilots:

- Shared Parking Pilot and Outreach
- ORCA Neighborhood Pop Up
- Station Access Maps: partially funded by City of Redmond, created by Move Redmond, printed in multiple languages

Partnerships: Hopelink; Move Redmond; **King County Metro;**

Summary

Together, these programs form a cohesive 2026 strategy to expand transportation choices, improve multimodal access, and ease residents' transition to the new Cross lake light rail service. Staff will continue coordinating across agencies and community partners and will return to Council with updates as implementation milestones are reached.

2026 Transportation Demand Management Overview

April 7, 2026

Transportation Planning & Engineering Division





Agenda

- **Transportation Demand Management Overview**
- **New Transportation Services in Redmond**
- **Commute Trip Reduction & Mobility Management Programs**
- **Partnerships: Hopelink, Move Redmond**
- **Residential Programs: SchoolPool, Neighborhood Connections**
- **Questions & Discussion**
- **RedLink Overview**

Purpose of Transportation Demand Management (TDM)



- Provide community members resources, incentives, and programs to reduce drive-alone trips.
- Focused on improving mobility, reducing congestion, and efficiently using existing infrastructure.



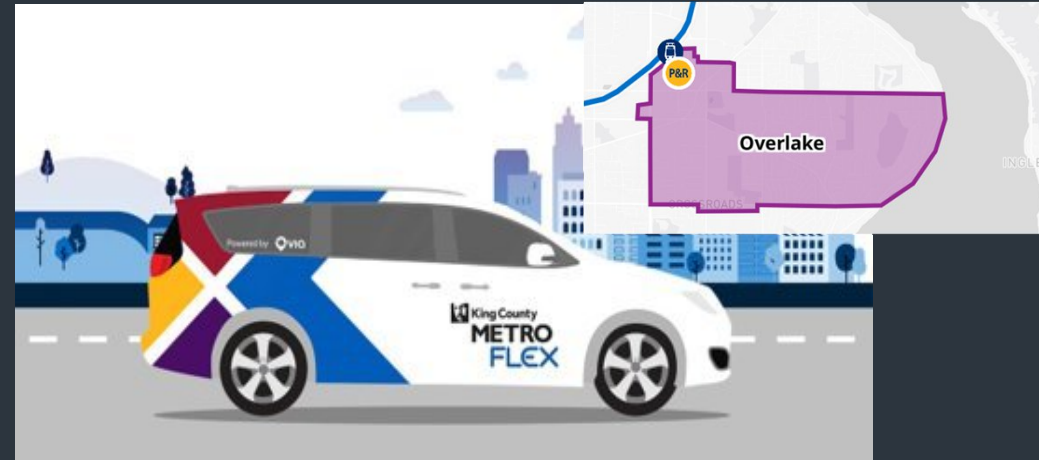
Community Van



- Prescheduled trips within a 2-hour distance of Redmond 24 hours a day 7 days a week.
- Requires a volunteer driver and 2+ riders.
- Trips managed through Hopelink
- A standard Metro fares covers a roundtrip.



Metro Flex



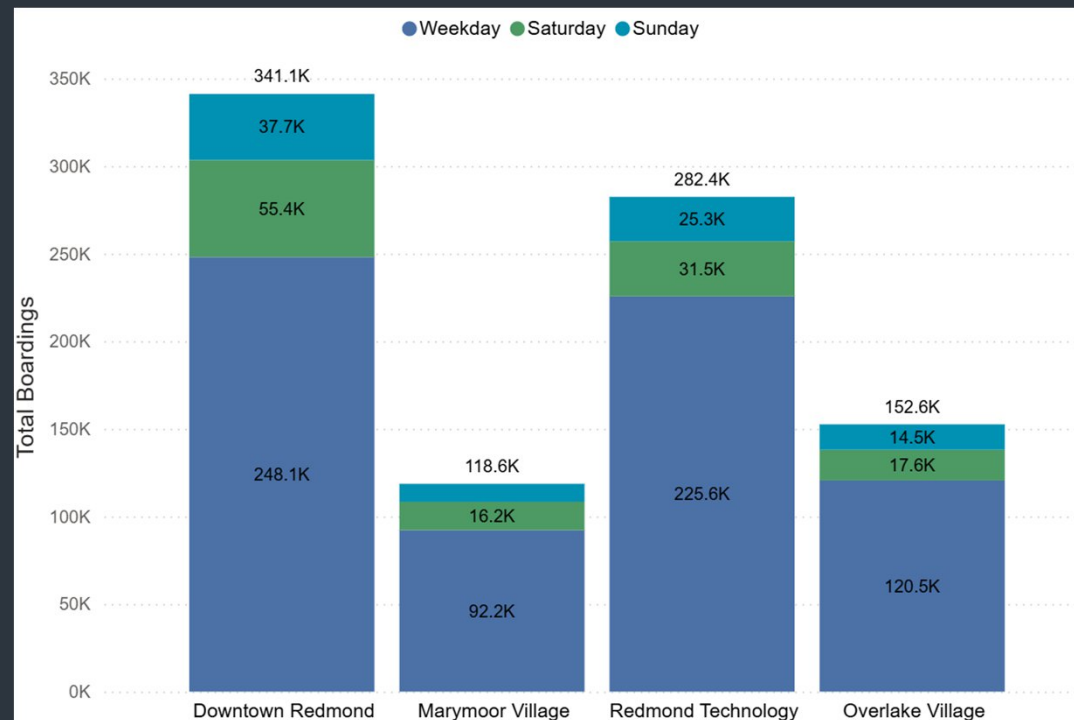
- On-demand neighborhood service within a designated service area (Overlake)
- Drivers are hired by King County Metro.
- Same cost as a transit trip.
- Request a trip via phone call, app, or online account.



Sound Transit Link Light Rail

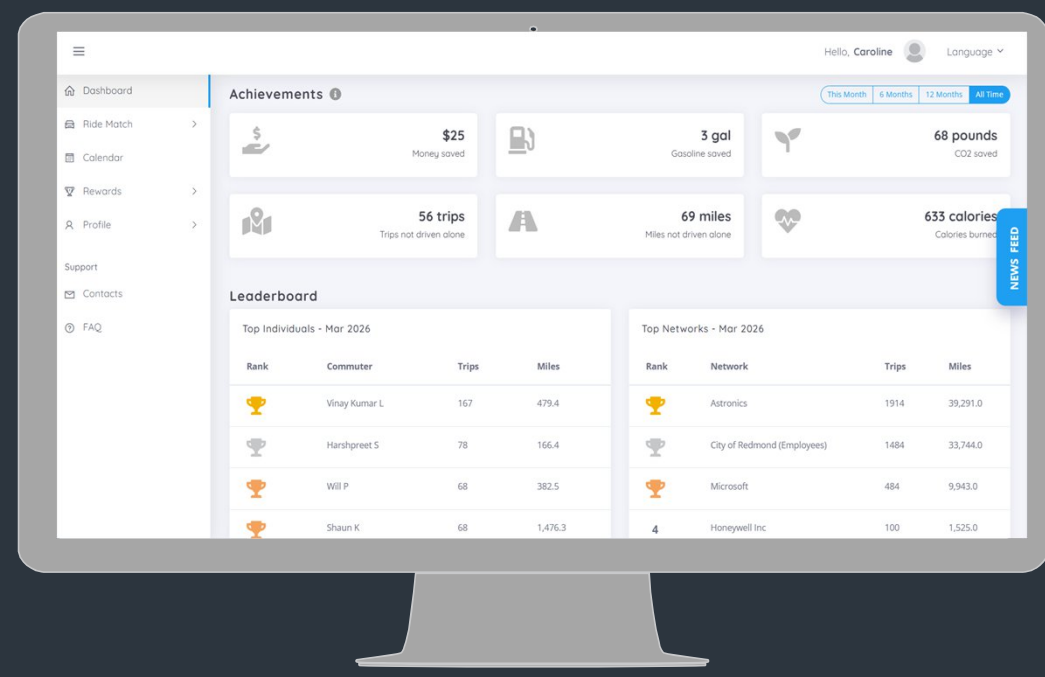
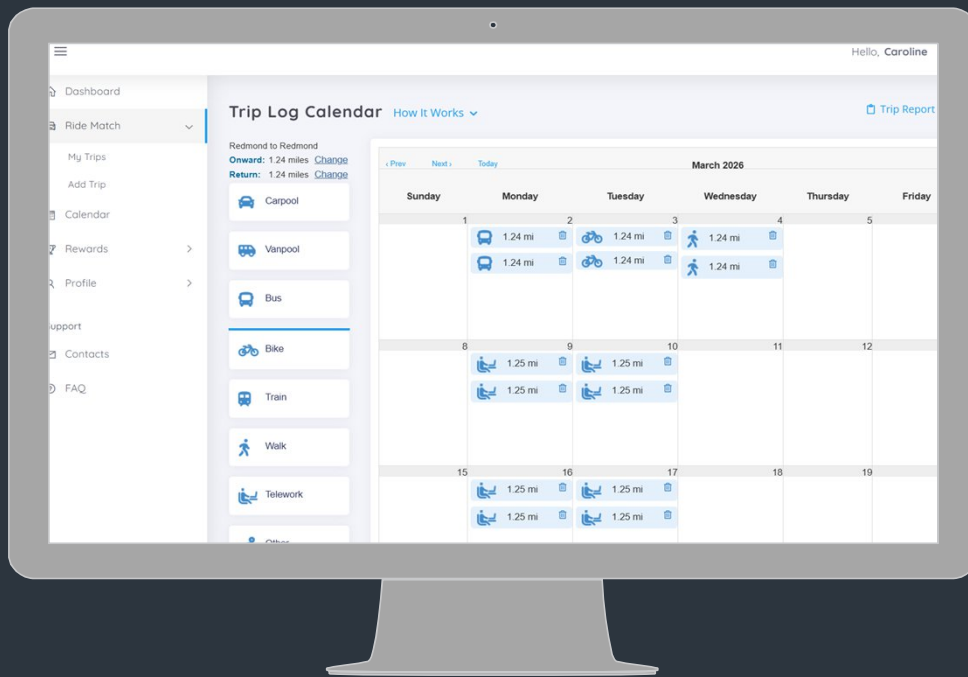
Supporting Light Rail:

- Bus routes re-routed to serve stations
- Promoting first/last mile connections
- Multi-lingual station access maps
- Educational resources
- ORCA card distribution
- On-street parking management near stations



2025 Total Boardings

Commuter Trip Reduction Program & Mobility Management Plans



Go Redmond uses RideShare Online, a free regional trip tracking, ride match, and rewards tool for Redmond employers to use for their CTR Program.

Hopelink

Partnership provides transportation resources to immigrants, refugees, people with disabilities, veterans, low-income individuals, youth, and seniors.

- Provide transportation access to critical services including school, medical centers, and social activities.
- Support enrollment efforts in reduced and no fare programs with a focus on youth engagement.



Move Redmond

Partnered for over 2 decades to enhance and spread awareness of transportation options for the Redmond community and employers.

- Support employers who have Commute Trip Reduction (CTR) requirements
- Collaborate through Go Redmond programming.
- Go Redmond sponsors Transit Access Maps, Bike Classes, and Open Streets Events.
- Contract to establish Shared Parking Program.



SchoolPool

Encourages students and their families to walk and roll to school during May and October.

How did you get to school this month?
How many walk and roll trips did you take to school this month? Fill in one square for each non-drive alone trip, using the below letters to represent the type of trip you took.
W=Walk
R=Roll (Bike, Scooter, Wheelchair, etc)
B=Bus (School or Metro bus)
C=Carpool with friends

As much as 20-30% of local morning traffic is caused by driving students to school

Each 2 mile round trip walk or roll commute keeps about 7.5 lbs of pollutants out of the air

A one mile walk to school trip generates 1/3 of a youth's recommended daily physical activity

MAY IS NATIONAL BIKE MONTH
Students that commute to school with a friend have an average of 35 minutes or more of additional social time each week.

May 13 - 19 is National Bike Week

Bike to School Day

NO SCHOOL DAYS

Reward Coupon
Name: _____
Grade: _____
School: _____
Name of Teacher: _____

Add the total number of trips by each type:

Walk total	Bus total
Roll total (Bike, Scooter, Wheelchair, etc)	Carpool total
Total	_____/40 possible

- Partner with PTSA's to increase awareness & participation of the program.
- In 2025 **3,166** students across 6 elementary schools (63%) participated, taking **99,513 non-driving trips!**

WALK & ROLL

WITH REDMOND SCHOOLPOOL

October is Walk to School Month and Oct. 2 is Walk to School Day

Neighborhood Connections Campaign

Education & incentives for connecting residential neighborhoods to Light Rail

- Geographically targeted outreach
- ORCA card giveaway
- “How to Ride” information
- Direct mailers to residents within 1000’ of a bus stop
- Yard signs on connecting routes

[GoRedmond.com/LightRail](https://www.goredmond.com/LightRail)

YOUR NEIGHBORHOOD CONNECTS TO LIGHT RAIL

Get your **free** ORCA card!

THIS BUS CONNECTS TO LIGHT RAIL

While supplies last, you can request a free ORCA transit pass and discounts on Lime scooters and bikes [GoRedmond.com/LightRail](https://www.goredmond.com/LightRail)

Light Rail in Redmond

Sound Transit's Link Light Rail now connects Redmond, Seattle, and beyond!

Neighborhood buses have been routed to connect Redmond light rail station where you can catch a 1 *minute*.

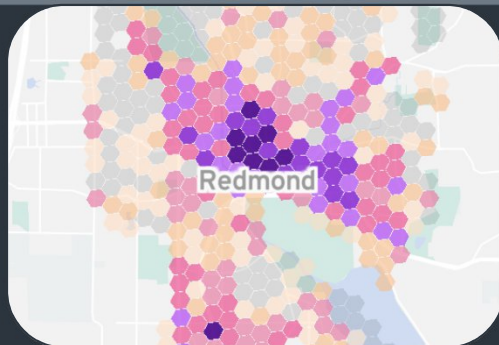
Request your **free ORCA card** that will come to transit trips. One fare covers both your bus and trip from start to finish.

Travel Resources by Neighborhood

Click on your Redmond neighborhood to see what transit options are available to bring you to one of four Redmond light rail stations.

Education Hill Neighborhood

Other Efforts & Resources



Lime Scooters

Total 2025: 88,630 trips
Average Daily: 242 trips



E-Bike Giveaway

Give-a-way program to include education & 88 bike rebates distributed in 2026.



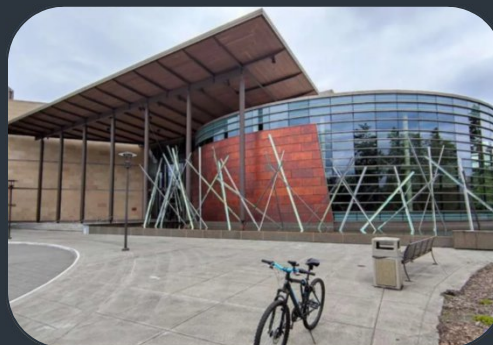
Bike Locker Pilot

Downtown Pilot program focused on hotels & economic development



ORCA N'Hood Pop Up

2nd & 4th Tuesday at Redmond Senior & Community Center. Youth, senior, reduced fare, and standard cards.



City Employee Transportation Services

ORCA cards, incentives & support to reduce SOV commutes



Shared Parking

Downtown Pilot program focused on employees & light rail access.

Go Redmond Outreach

Go Redmond
Blog &
Website

Rideshare
Online

Street Teams

Partner
Networks

Employer
Tabling
Events

CTR E-News


Targeted
Mailers

City
Publications

TDM Questions & Discussion

RedLink discussion to follow


[GoRedmond.com](https://www.GoRedmond.com)




GoRedmond 2025 IMPACT HIGHLIGHTS

- 1 Go Redmond Trip Calendar**


Over one million fewer miles driven. Users saved more than **\$325,000** by not driving alone.


- 2 School Pool**


62% percent of Redmond's Elementary Students joined in and logged **99,000+** walk-and-roll trips.


- 3 Commute Trip Reduction**

58% of Redmond workers chose ways to get to work that weren't driving alone.


- 4 Events & Outreach**

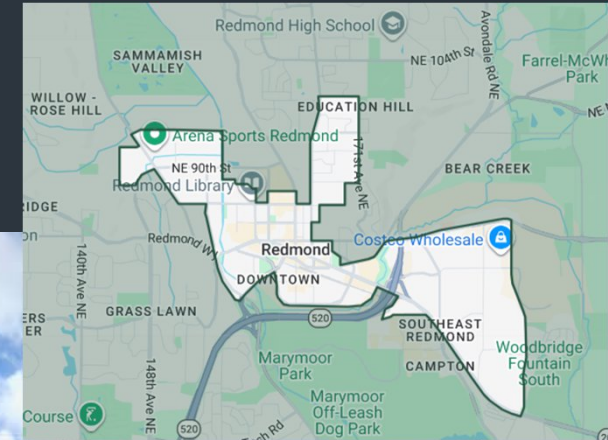
Staff helped more than **1,200** community members learn about their Transportation Options.



RedLink Pilot

An on-demand, free, all-electric ride service available to help residents and visitors get around Downtown Redmond, Southeast Redmond, and Education Hill easily, affordably, and sustainably.

- This pilot program is expected to run through June 2027.
- Funded by the City of Redmond, Lodging Tax Advisory Committee, and the Washington State Regional Mobility Grant.
- **832 passengers** in first 3 weeks of pilot, 400 unique users.



Appendix

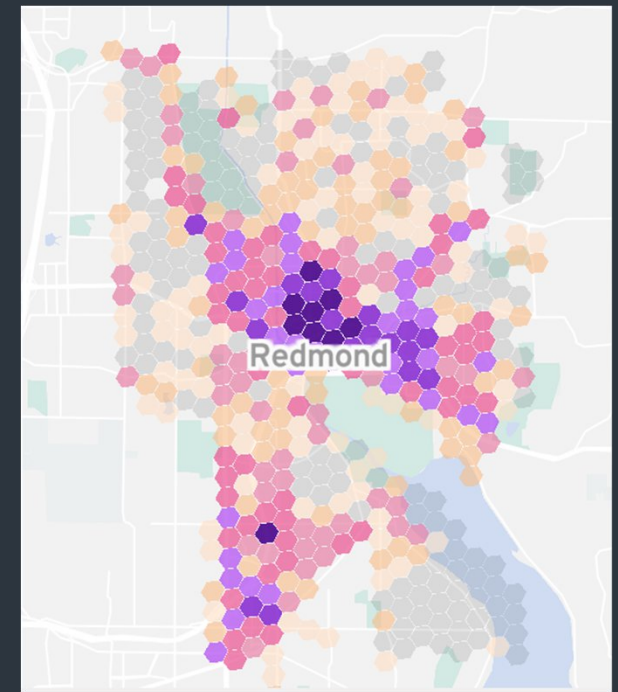
- Lime user stats
- Metro ridership stats for key routes
- Flexible transit options table

Ridership Numbers

Metro Transit

Metro Route	Average Wk Day Boardings
B-Line	5000
222	600
245	3,500
250	2500
545	5000
930	300

Lime Heat Map



Total 2025: 88,630 trips
Average Daily: 242 trips

Service	Cost	Who Can Use It	Where in Redmond?	What It's For	Key Differences
<u>Metro Flex</u>	~\$3 (ORCA card)	General public	Overlake	On-demand rides in Overlake	App-based, flexible routing, fills transit gaps
<u>Metro Community Van</u>	~\$2.75–\$3 (ORCA card)	Groups (2+), advance booking	Citywide, parked at Hopelink & Marymoor Village Community Center	Group trips for errands or events	Volunteer driver, pre-scheduled
<u>RedLink</u>	Free	General Public	Downtown, parts of Education Hill & Willows Road	Short trips + light rail access	Free, small service area
<u>Lime Scooters & E-bikes</u>	~\$3–\$10 per trip (varies)	General Public	Citywide	Quick, short-distance trips	Fast & flexible, charged a per-minute cost
<u>Vanpool</u>	~\$49/month	Regular commuters in a group	Citywide	Home-to-work commuting	Fixed schedule, lowest cost per commute



City of Redmond

15670 NE 85th Street
Redmond, WA

Memorandum

Date: 4/7/2026
Meeting of: City Council

File No. SPC 26-031
Type: Executive Session

To Consider the Selection of a Site or the Acquisition of Real Estate by Lease or Purchase [RCW 42.30.110(1)(b)] - 20 minutes

City of Redmond
Payroll Check Approval Register
Pay period: 3/1 - 3/31/2026
Check Date: 3/31/2026

Check Total:	\$ -
Direct Deposit Total:	\$ 10,586.82
Wires & Electronic Funds Transfers:	\$ 6,715.75
Grand Total:	<u>\$ 17,302.57</u>

We, the undersigned Council members, do hereby certify under penalty of perjury that the materials have been furnished, the services rendered or the labor performed as described herein, that any advance payment is due and payable pursuant to a contract or is available as an option for full or partial fulfillment of a contractual obligation, and that the claim is a just, due and unpaid obligation against the City of Redmond, and that we are authorized to authenticate and certify to said claim.

All Checks numbered **202308** through **202315**,
Direct deposits number **1961** through **1962**, and
Electronic Fund transfers **1961** & **1962**,
are approved for payment in the amount of **\$17,302.57**
on this **31st day of March 2026**.

Note:

City of Redmond
Payroll Final Check List
Pay period: 3/1 - 3/31/2026
Check Date: 3/31/2026

Total Checks and Direct deposit:	\$ 11,709.60
Wire Wilmington Trust RICS (MEBT):	\$ 5,592.97
Grand Total:	<u>\$ 17,302.57</u>

I, the Human Resources Director, do hereby certify to the City Council, that the checks and direct deposits presented are true and correct to the best of my knowledge.

Signed by:
Cathryn Laird
7C0092BCC9C549B...

Human Resources Director, City of Redmond
Redmond, Washington

City of Redmond
Payroll Check Approval Register
Pay period: 3/1 - 3/15/2026
Check Date: 03/25/2026

City of Redmond
Payroll Final Check List
Pay period: 3/1 - 3/15/2026
Check Date: 03/25/2026

Check Total:	\$	31,642.10
Direct Deposit Total:	\$	2,954,915.90
Wires & Electronic Funds Transfers:	\$	1,781,602.45
Grand Total:	\$	<u>4,768,160.45</u>

Total Checks and Direct deposit:	\$	4,205,714.45
Wire Wilmington Trust RICS (MEBT):	\$	562,446.00
Grand Total:	\$	<u>4,768,160.45</u>

We, the undersigned Council members, do hereby certify under penalty of perjury that the materials have been furnished, the services rendered or the labor performed as described herein, that any advance payment is due and payable pursuant to a contract or is available as an option for full or partial fulfillment of a contractual obligation, and that the claim is a just, due and unpaid obligation against the City of Redmond, and that we are authorized to authenticate and certify to said claim.

I, the Human Resources Director, do hereby certify to the City Council, that the checks and direct deposits presented are true and correct to the best of my knowledge.

All Checks numbered **189036** through **189050** ,
Direct deposits numbered **201529** through **202307** , and
Electronic Fund transfers **1956** through **1960**
are approved for payment in the amount of **\$4,768,160.45**
on this **25th day of March 2026**.

Signed by:
Cathryn Laird
7C0092BCC9C549B...

Human Resources Director, City of Redmond
Redmond, Washington

Note:

